



## New Employee Checklist

- W4
- W9
- I-9
- Information Sheet
- Direct Deposit Form
- Copy of Driver's License
- Copy of Soc. Security Card

Please SUBMIT your forms to [kaylee@nationalcp.com](mailto:kaylee@nationalcp.com) or FAX to 734-369-8238. Contact the office at 734-369-8183 with any questions.

# Employee Information Sheet

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Alternative Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

SS / Federal I.D #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Trade / Work Type: \_\_\_\_\_

In case of an EMERGENCY while working at National Ceiling & Partitions, Inc.

**Primary Contact Name:** \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Secondary Contact Name:** \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

# Direct Deposit Form

## **Employee Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Company I.D #: \_\_\_\_\_

Date to Start Direct Deposit: \_\_\_\_\_

## **Account Information**

Bank: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Deposit into (circle one): Checking YES / NO                      Savings YES / NO

Checking Amount: \_\_\_\_\_ Savings Amount: \_\_\_\_\_

## **Employee Agreement**

I authorize National Ceiling & Partitions, Inc. to automatically deposit my payroll check into the account listed above and correct any entries made in error. This authorization will remain in effect until I give written notice to cancel it.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date