



## **Employee Instructions**

 Complete the Employee Identification section and forward to your supervisor. Any information relating to race, ethnicity and gender is collected to comply with federal regulations, which require certain recordkeeping and reporting requirements. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. NOTE: Go to page 2 and 3 of this form and enter your Name and Social Security Number at the top of the page. Submit this form to your supervisor.

## Supervisor Instructions

- Complete all of page 2 and 3 and the Employee Race/Ethnicity section on page 1 by visual observation if employee does not self-
- Submitting Paperless: All employees follow system prompts to submit information to Insperity.

Submitting Paper Forms:

- Clients: Submit completed, signed form to your Insperity payroll specialist.
- o Insperity Corporate: Submit completed, signed form to Corporate Human Resources, MC-C1.3.10. Contact your Insperity payroll specialist with any questions regarding this form.

Employee Identification (Submi	t this form to your superv	isor when completed.)		
Is your current or potential primary			-	
If Yes, what country				
Do you travel outside the United St	ates for work-related purpo	ses? Yes No		
Social Security Number		☐ Dr. Gender ☐ Male	Female	Non-Binary
First Name (As shown on your Socia	l Security Card)	Preferred First Name		
Middle Name		Last Name (As shown on your Socia	Security Card)	
Home Mailing Address		City	State	ZIP Code
County of Home Address	U.S.A.	Date of Birth (mm/dd/yyyy)		
Home Phone Number		Home Fax Number	Home Cell Numb	er
Home Email Address		·		
Work Phone Number	Work Extension	Work Fax Number	Work Cell Numbe	er
Work Email Address	3	,		***************************************
Race/Ethnicity (Check ONE)				
Hispanic or Latino		Asian (not Hispanic or L	atino)	
☐ White (not Hispanic or Latino)		American Indian or Alas	kan Native (not His	panic or Latino)
Black or African American (not H		Two or more races (not	Hispanic or Latino)	
Native Hawaiian or other Pacific				
Emergency Contact First Name	Emergency Contact	: Last Name	Relationship to Em	ployee
Emergency Contact Street Address			State	ZIP Code
Emergency Contact City	Country	Work Telephone Number	Home Telephone N	lumber
Client Information				
Client Name			Client Number	

NOTE: Go to page 2 and 3 of this form and enter your Name and Social Security Number at the top of the page. Send this form to your supervisor.

## GENERAL INFORMATION

1	 	
Applicant Name		

## **EDUCATION & TRAINING (CONTINUED)**

-	POCALION OF LEATINING	a (COMITMOLD)			
L	ist any machines, equipm	nent or software programs on w	hich you are qualified and exp	perienced in o	perating.
L	ist any languages that yo	ou speak fluently	List any languages that you	ı read/write fl	uently
	, , , ,	osition which involves driving a ou have a valid driver's license i		and scope of t	he employment duties,
p		overnment contractor position, u have a security clearance and arance is:			
١	Can you, after employmen verification of your legal ri n the United States?		Are you 16 years old or ov		□17 □18 or over
E	Within the past 7 years, hemployed, or are you curr by Insperity/Administaff on nsperity/Administaff Cliet	rently employed Yes 🗆 Yes	If Yes, give dates: From: (month/year) To:	(month/year)	
ı	o not identify your marital	•			
l		currently working at Insperity?			
		serving on the Board of Directo			_
	o you have any relatives	currently working at the client of	company to which you are app	Iying? ∐Yes	∐No
I	f Yes to any of the above	questions, please list the relat	ive(s):		
	MPLOYMENT HISTORY ( olunteer and/or military w	List all work experience beginn ork.)	ing with the present or most r	ecent job. You	ı may also include any
	Name of Employer	The state of the s		Type of Bus	siness
	Address		City	State	ZIP Code
	Title			Type of Em	ployment
				☐Part-Tir	ne 🗆 Full-Time
	Supervisor Name		Supervisor Phone Number	Human Res Number	ource/Payroll Phone
	May We Contact?  □Yes □No	Employed From (month/year)	Employed To (month/year)		
	Brief Description of Dutie			Reason for	Leaving
L					<del>-</del>
	Name of Employer		<b></b>	Type of Bus	·
	Address		City	State	ZIP Code
	Title			Type of Em	ployment
				☐Part-Tir	me 🗆 Full-Time
	Supervisor Name		Supervisor Phone Number	Human Res Number	ource/Payroll Phone
	May We Contact?	Employed From (month/year)	Employed To (month/year)		
ı	□Yes □No			1	
'	Lifes Lino				,

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Page 2 (Rev. 04-27-20)

NAME		TELEPHONE	EMAIL ADDRESS	
ork experience, articles/boo	rmation you think would be helpful to us i oks published, activities, honors received, o race, religion, color, national origin, disab	etc. You may omit all	I information that would indica	

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Page 3 (Rev. 04-27-20)