

Direct Deposit Details:

Account Type: \_\_\_\_\_

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

Account Number: \_\_\_\_\_

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

# TECHNOTRIX STAFF INFORMATION

FORM TTXF-001

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

E-Mail Address: \_\_\_\_\_

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

\_\_\_\_\_

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

Shirt Size:  S  M  L  XL  XXL

\_\_\_\_\_

Other

Home Phone: \_\_\_\_\_

SSN: \_\_\_\_\_

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

DL # : \_\_\_\_\_ Class: \_\_\_\_\_

### Emergency Contact:

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

Phone#: \_\_\_\_\_

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

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

Position: \_\_\_\_\_

Termination date: \_\_\_\_\_

Salary  Hourly

Starting Pay: \_\_\_\_\_

OT eligible?  Yes  No

Deductions:  
 Health insurance – monthly amount of: \_\_\_\_\_

Expected weekly hours: \_\_\_\_\_

Other: \_\_\_\_\_

Week structure:

Monday start  Thursday start

Pay Period – 1<sup>st</sup> and 15<sup>th</sup> of month

Date first payment: \_\_\_\_\_