

NEW EMPLOYEE INFORMATION SHEET

Northwest Georgia Oncology Centers, P.C.

LAST NAME _____ FIRST _____ MIDDLE INITIAL _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

SOCIAL SECURITY# _____ BIRTHDATE _____

PHONE# _____ PROFESSIONAL LICENSE # _____

HIRE DATE _____

FULL TIME

PART-TIME

HOURLY RATE _____

ID# _____

SALARY _____

BADGE# _____

FEDERAL FILING STATUS

#EXEMPTIONS _____

MARRIED

ADDITIONAL FEDERAL AMT _____

SINGLE

MARRIED WITHHOLDING AT A HIGHER RATE

STATE FILING STATUS

#EXEMPTIONS _____

MARRIED

ADDITIONAL FEDERAL AMT _____

SINGLE

HEAD OF HOUSEHOLD

NOTIFY IN CASE OF EMERGENCY:

NAME _____

STREET _____

CITY _____ STATE _____ ZIP CODE _____

HOME # _____ CELL# _____ PAGER# _____