



B.O.S.S. Back Office Software System

Personal Information Form

Personal Information

Last Name:	First Name:	Initial:	Employee Number:	Social Security Number:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address:			Federal Exemptions:	State Exemptions:
<input type="text"/>			<input type="text"/>	<input type="text"/>
City:	State:	Zip Code:	Birthdate:	Sex:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone:	Cell/Pager Number:	Marital Status:	Spouse's Name:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Job Information

Job Code:	Hire Date:	Active?
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Department:	Pay Rate:	
<input type="text"/>	<input type="text"/>	

Emergency Contact Information

Emergency Notification Name:	Relationship:	Emergency Phone Number:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Miscellaneous Information

EEOC Code:	Last Review Date:
<input type="text"/>	<input type="text"/>
Food Handler Permit Expiration Date:	Liquor Permit Expiration Date:
<input type="text"/>	<input type="text"/>

Employee Signature

Date

Manager Signature

Date

Copy To Be Kept In Employee's Personnel File