



EMPLOYEE INFORMATION



This form is completed and submitted to APD with each newly hired employee's completed IRS Form W-4 and DHS Form I-9.

Employer/Consumer Name:	
Consumer's CDC+ ID Number:	Date:

Employee Information (name must be written as it appears on SS card or other employment papers):

Last Name:		First Name:	
Phone: ()			
Address:			
City:	State:	Zip:	SSN:
Email Address:			DOB:

WHO CAN WE CONTACT IF YOUR MAIL IS RETURNED?

Last Name:		First Name:	
Phone: ()		Relationship:	

The following information must be completed in order to determine whether or not the employee is exempt from paying certain taxes (FICA) and whether or not the employer is exempt from paying certain taxes (FICA and FUTA on behalf of the employee).

Employee's relationship to the consumer (my employer) is as follows. This employee is (check one):

<input type="checkbox"/>	The consumer's parent or step-parent.
<input type="checkbox"/>	The consumer's child or step-child, <u>and</u> employee is under age 21.
<input type="checkbox"/>	The consumer's spouse.
<input type="checkbox"/>	Under age 18 and still in high school (anyone other than consumer's child or step-child).
<input type="checkbox"/>	None of the above.

I certify that the above information is true and correct.

Consumer/Representative Signature: _____

Employee Signature: _____

NOTE: Information provided on this form is confidential and is treated as such. Completion of this data is voluntary and will not affect your employment status. Identification can be declared at any time prior to, or, if applicable, after hire.