



101 N. 9th Ave., Pensacola, FL 32503
 Telephone 850 434 6708 • Fax 850 378-5232

EMPLOYER NAME	
LOCATION/STORE #	
EMPLOYEE INFORMATION – All fields required!	
Employee Name	
Hire Date:	
E-Mail	
Cell Phone Number	
Birthdate	
Job Title/Department	
Pay Rate	\$ _____ Circle One: Hourly Salary
Status	Circle One: Full Time Part Time

THIS PART TO BE DONE BY STORE MANAGER – All fields required!		THIS SECTION MUST BE COMPLETED AND SIGNED BY THE STORE MANAGER – PLEASE PRINT LEGIBLY
ID requirements must be a Passport OR a Photo ID and Social Security Card or Birth Certificate		
Passport or Passport Card	Number: Expiration date: Issued by:	
Choose 1 from each box below		
Circle one: Driver's License State ID School ID OTHER	Issued by (State, School Name, etc.): Number: Expiration Date:	
And Circle one: Social Security Card or Birth Certificate	<ul style="list-style-type: none"> • SS or Birth Cert. Number: • SS Issued by: (circle 1): Social Security Adm., Dept. of Health and Human Services, or Dept. of Homeland Security • Or Birth Cert Issued by which State: 	
MANAGER'S SIGNATURE	I attest that I have examined and recorded the documents presented:	

Direct Deposit Enrollment		
Pay Card	OR	Bank/Financial Institution
Money Network	Name	
084003997	Routing #	
	Acct #	