

**Life Center, Inc.
Personnel Record Form**

Name _____

Home Phone _____

Address _____

Cell Phone _____

City/State/Zip _____

Email Address _____

Former Name(s) Used _____

SS # _____

Birth Date _____

Driver License # _____

Date of Hire _____

Program _____

Rate of Pay _____

W-4 Tax Exemptions _____

Job Title _____

Eligible for Health Insurance? **Y** **N**

Full-Time **Part-Time**

Emergency Contact #1

Emergency Contact #2

Name: _____

Name: _____

Relation: _____

Relation: _____

Number: _____

Number: _____

Hiring Agent Signature **Date**