

People Lease

Payroll • Benefits • Compliance

P.O. Box 3303 • Ridgeland, MS 39158-3303
601.987.3025 • www.peoplelease.com

DO NOT WRITE IN THIS SPACE			
Dept. No.	Emp. No.		
Pay Frequency			
W	BW	SM	M

EMPLOYEE DATA FORM

(Post-Hire)

Employee Name: _____

Address: _____

City, State, Zip: _____ Email Address: _____

Drivers License #: _____ State of Issue _____ Expiration Date _____

Phone Number: () _____ Social Security Number: _____ - _____ - _____

Date of Birth: _____ Marital Status: _____ Mothers Maiden Name: _____

Please list the name and phone number or address of a person we may contact in an emergency. _____

Are you leagally authorized to work in the U.S.? Yes No Are you a U.S. citizen? Yes No

Have you ever sustained a work-related injury that resulted in lost work days? Yes No

If Yes, what was this injury and where did it occur? _____ Date of injury? _____

Have you ever been arrested, indicted or convicted of any felony or misdemeanor except minor traffic violations? Yes No

If Yes, explain. _____

Do you currently have any garnishments, child support, debt, or IRS? Yes No If yes, explain _____

Have you or are you now receiving any disability or worker's compensation income? Yes No

Dependents (List full name (s), social security number (s) & age (s): _____

I certify that the facts in this application are true and complete to the best of my knowledge and understand tha untrue statements on this application shall be grounds for dismissal or refusal or limitation of benefits. I authorize investigation of all statements contained herein and the references listed above to give you any information concerning my previous employment and any pertinent information they may have, personal or otherwise and release all parties for any damages that may result from furnishing the same. I understand and agree that, if hired, **my employment is for no definite period, and may be terminated or I may voluntarily quit at any time without prior notice.** I attest under penalty of perjury that I am authorized by State and Federal law to work in the United States. I understand that as a condition of employment, I am required to arbitrate any dispute, claim or controversy that arises with People Lease. This includes but is not limited to those claims or controversies arising out of employment, termination of employment, jobsite injury or illness, employee benefit rights and eligibility for unemployment. I specifically authorize release of any of my medical records pertaining to any injury or illness arising from my employment. Additionally, I authorize by my signature below for People Lease or its assigns, at its sole discretion, to obtain a credit report, background verification and driving records that relate to me.

You are required to notify People Lease upon separation for any reason. Failure to do so may result in your ability to obtain unemployment benefits.

Date: _____ Signature: _____

***NOTE: This form is be completed on employees ONLY-NOT TO BE USED FOR INTERVIEWING**

