



Holsman Healthcare, LLC  
 Healthcare Staffing and Consulting Services  
 Tel: 973-393-5545 / 973-759-1494 / 877-268-9100 Fax: 973-759-0557

## Personnel Data Form

*Note: This information is needed to establish personnel and payroll records for employment with Holsman Healthcare. Please print. Use name as it appears on social security card.*

<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>	<b>Suffix</b>
<b>Permanent Address</b>		<b>City</b>	<b>State</b>
<b>Email Address</b>		<b>Social Security Number</b>	
<b>Home Phone</b>	<b>Cell Phone</b>	<b>Birth Date</b>	<b>Hire Date</b>
( )	( )		
<b>Emergency Contact Name</b>		<b>Relationship</b>	<b>Emergency Contact Phone</b>
			( )
<b>Emergency Contact Address</b>		<b>City</b>	<b>State</b>
<b>Present Job Title</b>		<b>Supervisor's Name</b>	

**Stop! Do Not Write Below This Line**

**To Be Completed By Human Resources Official**

<b>Present Job Title</b>	<b>Department</b>		
<b>Employment Status</b>	<b>FLSA Classification</b>	<b>Federal Status</b>	<b>Federal Exemptions</b>
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Travel	<input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt	<input type="checkbox"/> Single <input type="checkbox"/> Married	
<b>Company</b>	<b>Local Tax Withholding</b>	<b>State Status</b>	<b>State Exemptions</b>
<input type="checkbox"/> Travel Nurses <input type="checkbox"/> Nurses <input type="checkbox"/> Pharmacy <input type="checkbox"/> Management		<input type="checkbox"/> Single <input type="checkbox"/> Married	
<b>Wage/Salary Rate</b>	<b>Pay Frequency</b>		
\$ _____ per _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly		
<b>EEO Job Category</b>			
<input type="checkbox"/> Official/Manager <input type="checkbox"/> Professional <input type="checkbox"/> Technical <input type="checkbox"/> Sales <input type="checkbox"/> Office/Clerical <input type="checkbox"/> Craft (Skilled) <input type="checkbox"/> Operative (semi-skilled) <input type="checkbox"/> Service Worker			
<b>Benefits Selection</b>	<b>Benefits Coverage</b>	<b>Dental Selection</b>	<b>Dental Coverage</b>
<input type="checkbox"/> Plan 011 <input type="checkbox"/> Plan 079 <input type="checkbox"/> Plan 014 <input type="checkbox"/> DECLINE	<input type="checkbox"/> EE <input type="checkbox"/> EE+Spouse <input type="checkbox"/> EE+Child(ren) <input type="checkbox"/> EE+Family	<input type="checkbox"/> Accept <input type="checkbox"/> Decline	<input type="checkbox"/> EE <input type="checkbox"/> EE+Spouse <input type="checkbox"/> EE+Child(ren) <input type="checkbox"/> EE+Family
<b>Effective Date</b>			

**Direct Deposit Information**

<b>Account Type</b>	<b>Routing Number</b>	<b>Account Number</b>	<b>Amount/Percent</b>	<b>Balance</b>
<input type="checkbox"/> Checking <input type="checkbox"/> Savings				
<b>Account Type</b>	<b>Routing Number</b>	<b>Account Number</b>	<b>Amount/Percent</b>	<b>Balance</b>
<input type="checkbox"/> Checking <input type="checkbox"/> Savings				
<b>Account Type</b>	<b>Routing Number</b>	<b>Account Number</b>	<b>Amount/Percent</b>	<b>Balance</b>
<input type="checkbox"/> Checking <input type="checkbox"/> Savings				