

DAME CONTRACTING, INC.
Employee Information Form

2010

Office Use Only:
Project _____
Employee # _____

COMPLETE EACH ITEM - In INK not Pencil

First Day of Work ____ / ____ / ____

Name: _____

Social Security#: _____ - _____ - _____ Union ID# _____

Address: _____

City, State, Zip: _____ Shirt Size: _____

Are you a New York City Resident, Subject to New York City Tax? Yes No

Phone: (____) _____ - _____ Cell (____) _____ - _____ Trade: _____

Local Union: _____ E-Mail _____

Skills: (ie. Millwork, Acoustics...) _____

Are you an Apprentice? Yes No If yes, what year? ____ Date of Advancement? ____ / ____ / ____

Gender: Male Female Date of Birth: ____ / ____ / ____

Single Married Federal Exemptions: ____ State Exemptions: ____

Ethnic Description (Optional):

White Afro-American Hispanic Asian Other: _____

In case of an emergency please contact:

	<u>Name</u>	<u>Phone</u>	<u>Relationship to you</u>
1.	_____	_____	_____
2.	_____	_____	_____

I attest under penalty of perjury, that I am:

- 1. A citizen or National of the United States
- 2. An alien lawfully admitted for permanent residence.
(Alien Number A _____)
- 3. An Alien authorized by the Immigration and Naturalization Service to work in the United States
(Alien Number A _____) or (Admission Number _____)
Expiration of employment authorization, if any _____.

I attest, under penalty of perjury, the documents that I have presented as evidence of identity and employment eligibility are genuine and relate to me. I am aware that federal law provides for imprisonment and/or fine for any false statements or use of false documents in connection with this declaration.

I have read, understand and received a copy of Dame Contracting's Drug Free Workplace policy.

Signature _____ Date ____ / ____ / ____

PLEASE COMPLETE W-4 ON REVERSE SIDE