



401(K) NEW HIRE FORM

This form should be completed on every new employee regardless of age or whether they hold a part time or full time position.

COMPANY NAME: _____

EMPLOYEE NAME: _____

SOCIAL SECURITY #: _____

ADDRESS: _____

DATE OF BIRTH: _____

DATE OF HIRE: _____

DATE OF REHIRE: _____

HOURLY RATE: _____

OR

SALARY RATE: _____