JE ROBINSON COMPANY
NEW HIRE INFORMATION SHEET

CLIENT NAME:		
Employee Name:		
Address (Street):		
(City, State, Zip):		
Municipality of Residence:		
County of Residence:		
Cell Phone Number:		
Email Address:		
Date of Birth:		
Date of Hire:		
Full-time or Part-time		
Salary:		
Hourly Rate:		
Forms Check List:		**Check here if complete**
2020 W4	Please send to JE Robinson	
Residency Form	Please send to JE Robinson	
I-9		
Direct Deposit (if applicable) attach voided check	Please send to JE Robinson	