GR△CE HOUSE

ministries, inc.

giving hope to girls in foster care

Employee Information Form

To be completed by Employee:

_____

Name

_____

Address   **City   State   Zip**

_____   _____

Date of Birth   **Social Security**

_____

Emergency Contact   **Relationship**   **Phone Number**

To be completed by Supervisor:

_____   _____

Position   **Hourly rate or salary**

_____   _____

Date of employment   **Status (Full-time or Part-time)**

_____

Department