

# *ENTERTAINMENT PAYROLL SERVICES, INC.*

## **PERSONNEL INFORMATION FORM**

Please print clearly.

Date\_\_\_\_\_

Full Name\_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Please check one:

Non-Student \_\_\_\_\_

Current Student \_\_\_\_\_

School \_\_\_\_\_

Please check one:

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Permanent Address \_\_\_\_\_

Local Address (if differs from permanent address) \_\_\_\_\_

Telephone Number: Home \_\_\_\_\_ Work \_\_\_\_\_

Cell \_\_\_\_\_ Pager \_\_\_\_\_

E-mail address \_\_\_\_\_

Is there work you cannot do because of physical limitation? \_\_\_\_\_

*Questions or Correspondence can be directed to:*  
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*Phone (980)223-2854 • Fax (980) 858-6008*  
*Email: ericka@entertainment-payroll.com*