

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*