



Gibraltar Construction Company, Inc.

Apartment Remodeling Specialists

42 Hudson Street, Suite #107

Annapolis, MD 21401

Fax (410) 573-1004

(410) 573-1000

EMPLOYEE INFORMATION FORM

EMPLOYEE NAME _____

NEW HIRE/CHANGE OF ADDRESS ONLY (TO BE COMPLETED BY EMPLOYEE)

ADDRESS _____

CELL PH _____ HOME PH _____ EMAIL _____

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

EMERGENCY CONTACT: NAME _____ NUMBER _____

NEW HIRE ONLY (TO BE COMPLETED BY HIRING PERSONNEL-SUPER/FOREMAN)

DATE HIRED _____ MALE _____ FEMALE _____

POSITION _____ ETHNIC ORIGIN _____

HOURLY RATE _____

STATUS CHANGE (TO BE COMPLETED BY SUPER/PM OFFICER)

POSITION _____ TO _____

WAGE \$ _____ TO \$ _____ INCREASE AMT \$ _____

EFFECTIVE DATE _____

TERMINATION (TO BE COMPLETED BY SUPER/FOREMAN)

DATE OF TERMINATION _____

HEALTH INS YES _____ NO _____

REASON (CIRCLE ONE) QUIT JOB ENDED LACK OF WORK / TEMP FIRED

IF FIRED REASON _____

IF TEMP LAY OFF ESTIMATED TIME OF RETURN TO WORK _____

FOREMAN/SUPERTINDENT APPROVAL _____

PM/OFFICER APPROVAL _____