WD ASSOCIATES
1605 Dooley Road, P.O. Box 187
Whiteford, MD 21160
Phone: 410-452-0055
Fax: 410-452-0061

Web Page: www.teamwd.com

New Employee/BENEFITED
Personal Information Form

*** * IMPORTANT NOTICE * ***

All Employment Paperwork must be returned to the main office on or before your first day of employment. Failure to do so WILL delay your paycheck until it is received and processed thru the next scheduled payroll.

Name: _____ SSN: _____/_____/_____
Last First MI

Date of Birth: ___/___/___ Sex: M F Marital Status: Single ☐ Married ☐

Legal Residences: _____ _____ _____ _____
Street Address City State Zip

County: _____

Telephone No.: (_____)_____ Cell No.: (_____)_____

E-mail address: _____

In Case of Emergency, Contact:_____ Tel No.: Day (_____)_____-_____
Relationship _____ Night (_____)_____-_____

Please specify where your paycheck or pay stub should be mailed if different than above. (Due to a mandatory pre-note your initial paycheck will be in the form of a live check even if direct deposit has been requested.)

Address: _____ _____ _____ _____
Street City State Zip

Military History

For purposes of compliance with the reporting requirement of 38 U.S.C. 4212(d), are you a veteran?
☐ Yes ☐ No
If yes, please check appropriate box
☐ Special Disabled Veteran ☐ Vietnam Era Veteran
☐ Newly Separated Veteran ☐ Other Protected Veteran

WD Associates is an equal opportunity employer

*** Please return the forms identified below with an asterisk. A current copy of your resume is also requested.**

OFFICE USE ONLY

*Offer Letter	( ) [ ]	*Direct Deposit	( ) [ ]
*W4 Form	( ) [ ]	*Verification Release Form	( ) [ ]
*I-9 Form - **Return required document(s)**	( ) [ ]	*Employee Notice	( ) [ ]
*WD Policies - **Return All pages**	( ) [ ]	Pay Schedule	( )
Benefits Summary	( )	Time Sheet	( )
*Medical Enrollment	( ) [ ]	Expense Report	( )
*Dental Enrollment	( ) [ ]	Per Diem Memo (dated 12/1/98)	( )
*Premium Only Plan	( ) [ ]	*Per Diem Validation Form	( )
Pre-Existing Condition Limitation	( )	Use of Client Resources Memo (dated 7/1/99)	( )
Women's Health and Cancer Rights Act of 1998	( )	Termination of Employment Memo (10/24/01)	( ) [ ]
*Jefferson Pilot (Life Insurance) Enrollment	( ) [ ]	Health Insurance Market Place	( )
Voluntary Life Insurance	( ) [ ]		
Copy of current Driver's license - unexpired	[ ]		

***(a copy of DL must accompany your employment package)**