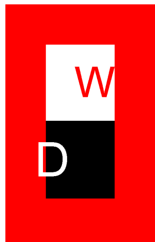

WD ASSOCIATES

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/NON-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 Residence: ______________________________ ________ ________ ________
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 address 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	( ) [ ]		*Employee Notice	( ) [ ]
*W4 Form	( ) [ ]		Pay Schedule	( )
*I-9 Form - **Return required document(s)**	( ) [ ]		Time Sheet	( )
*WD Policies - **Return all pages**	( ) [ ]		Expense Report	( )
*HIPAA Waiver Forms - Medical	( ) [ ]		Per Diem Memo (dated 12/1/98)	( )
*HIPAA Waiver Form - Dental	( ) [ ]		*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	( )		Health Insurance Market Place	( )
*Direct Deposit	( ) [ ]			
*Verification Release Form	( ) [ ]			
Copy of current Driver's license - unexpired	[ ]			

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