



2180 Satellite Blvd., Ste. 400, Duluth, GA 30097 Ph: 844-661-9120 Fax: 844-243-7813

EMPLOYEE DATA FORM PAGE 1 OF 2

PERSONAL INFORMATION

<i>LAST NAME</i>	<i>FIRST NAME</i>	<i>MIDDLE NAME</i>
	_____ / _____ / _____ <i>DATE OF BIRTH</i>	<i>PLACE OF BIRTH</i>
<i>STREET ADDRESS</i>	<i>CITY</i>	<i>STATE</i> <i>ZIP</i>
<i>PRIMARY EMAIL ADDRESS</i>	<i>CELL PHONE</i>	<i>HOME PHONE</i>
<i>PREFERRED METHOD OF CONTACT:</i> <input type="checkbox"/> EMAIL <input type="checkbox"/> CELL <input type="checkbox"/> HOME		<i>GENDER:</i> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
<i>DRIVER'S LICENSE #</i>	<i>STATE</i>	_____ / _____ / _____ <i>EXP. DATE</i>
<i>JOB SITE</i>	<i>POSITION</i>	_____ / _____ / _____ <i>START DATE</i>

FOR E.E.O.C. COMPLIANCE, PLEASE SELECT YOUR RACE:

- WHITE/CAUCASIAN
- BLACK/AFRICAN AMERICAN
- HISPANIC/LATINO
- ASIAN
- AMERICAN INDIAN or NATIVE ALASKAN
- NATIVE HAWAIIAN or PACIFIC ISLANDER
- TWO OR MORE RACES

EDUCATION

<i>HIGH SCHOOL, STATE</i>	<i>MAJOR</i>	_____ / _____ / _____ <i>DATE DEGREE AWARDED</i>
<i>COLLEGE, STATE</i>	<i>MAJOR</i>	_____ / _____ / _____ <i>DATE DEGREE AWARDED</i>
<i>POST-GRADUATE, STATE AWARDED</i>	<i>MAJOR</i>	_____ / _____ / _____ <i>DATE DEGREE</i>

MILITARY

<i>BRANCH</i>	<i>RANK</i>	_____ / _____ / _____ <i>DISCHARGE DATE</i>
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EMERGENCY NOTIFICATION

EMERGENCY CONTACT NAME *RELATIONSHIP*

STREET ADDRESS *CITY* *STATE* *ZIP*

PRIMARY EMAIL ADDRESS *CELL PHONE* *HOME PHONE*

NiteLines USA, Inc. prides itself on being an Equal Opportunity Employer. We will not discriminate in employment because of sex, age, race, physical disability, religion, ethnicity, mental disability, marital status, ancestry, or place of origin.

I hereby state that all information provided is accurate and may be verified by NiteLines USA, Inc.

I agree that I may be discharged if NiteLines USA, Inc., should verify any information provided in this employee data form to be false or inaccurate. I hereby release NiteLines USA, Inc., its affiliates, successors, and assignees, and all references from any liability that might be claimed because of information provided by me.

I agree that I will follow all Company policies, rules, procedures, and all other directions pertaining to my employment. I understand that NiteLines USA, Inc. reserves the right to add, change, and/or delete any policies, procedures, work rules, and/or benefits at any time.

SIGNATURE _____/_____/_____
DATE

PRINTED NAME

CONSIDERATION OF EMPLOYMENT WILL NOT BE GIVEN TO ANY APPLICANT AND/OR EMPLOYEE WHO DOES NOT SIGN THE ABOVE STATEMENT.

Note: Additional personal information may be required to complete personnel files.