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Company IID:	
Company Code:	
New FF Ch	ange Pehire

Legal Name:						3
Last Nar	me, First Name, N	1.1.		Prefer	red Name	
Address:						
City			☆ State:		≭Zip:	
Phone:				_		
Home		Mobile	-	Work		
Email:				e Date:		
Social Security No:		★Da	ate of Birth:		7	Sex:
Payroll Information		□ Seaso	onal 🗌 Full T	ime 🗌 Pa	rt Time	Temporar
Hourly Rate:	Depai	rtment:				
Salary Amt:	Depai	rtment:	-1541			
Additional Amounts & Do	epartments (S _l	pecify):				
Workers Comp Class Cod	e:			Owner \square	Officer	□ Exclude
☐ Activate Etime — E	ntry Method:	☐ Punch	☐ Timecard	Time Zone:		
Tax Information						
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