MERIT
RESOURCES, INC.

NEW EMPLOYEE ENROLLMENT

This form should be completed by the new employee.

Employee Name (as it appears on your Social Security Card):

Last Name: Suffix: Worksite Employer:

First Name: Middle Name:

Preferred Name (if different than above): Gender: (**M**ale/**F**emale) Marital Status: (**W**idowed/**D**ivorced/**M**arried/**S**ingle)

Address: Home Phone Number: -

Home County:

City: State: Zip Code: -

Social Security Number: - - Date of Birth: / /

Work E-mail Address

Emergency Contact Information:

Last Name: Relationship:

First Name: Middle Name:

Address (if different than above): Best Number to Reach: -

City: State: Zip Code: -