



81 Makawao Avenue, Suite 202, Makawao, HI 96768 Tel.: 808/572-6454; Fax: 808/572-1788

## EMPLOYEE DATA SHEET

Date

Name (first, middle, last):

Address:

Number

Street

City

State

Zip Code

Telephone:

Cell:

E-mail Address:

(REQUIRED):

(Your email address will allow you access to our employee portal including receiving your paystubs, forms & W-2 Electronically.)

Social Security Number:

If you are under 18 years of age, can you provide required proof of your

Eligibility to work? ☐ Yes ☐ No

Have you been convicted of a felony within the last 7 years? ☐ Yes ☐ No

If Yes, please explain:

### Education:

Elementary School:

High School:

Diploma Received?

☐

Yes

☐

No

College:

Degree

Year

Graduate:

Degree

Year

**Employment Experience:**

Employer:  Position:   
Dates Employed:

Employer:  Position:   
Dates Employed:

Employer:  Position:   
Dates Employed:

**References:**

1.Name:  Phone #

2.Name:  Phone #

3.Name:  Phone #

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized representative of this company.

I understand that false or misleading information given on this form may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Professional Business Services, Inc. and the client to which I am assigned.

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_