

New Hire Form

PLEASE COMPLETE AND SEND ALONG WITH THE COMPLETED W-4, I-9, PCA SIGNATURE FORM AND DIRECT DEPOSIT APPLICATION.

PCA NAME: _____

PCA ADDRESS: _____

PCA SOCIAL SECURITY NUMBER: _____

PCA DOB: _____

PCA HOME PHONE #: _____ PCA CELL PHONE #: _____

PCA EMAIL ADDRESS: _____

PLEASE MAKE SURE THE FOLLOWING REQUIRED FORMS ARE FULLY COMPLETED AND SIGNED:

W-4 (COMPLETED AND SIGNED BY PCA) I-9 (COMPLETED AND SIGNED BY PCA AND CONSUMER)

IDs (PLEASE REVIEW THE LIST OF ACCEPTABLE DOCUMENTS ON PAGE 3 OF THE I-9)

PCA SIGNATURE FORM (COMPLETED AND SIGN BY PCA)

DIRECT DEPOSIT APPLICATION (COMPLETED AND SIGNED BY PCA WITH SUPPORTING DOCUMENTATION OF ACCOUNT ATTACHED)

EMPLOYER NUMBER:

EMPLOYER NAME: _____

EMPLOYER ADDRESS: _____

EMPLOYER HOME PHONE #: _____ EMPLOYER CELL PHONE #: _____