

ASSOCIATE DATA RECORD

(To be completed only after hiring)

Please Print

TO BE COMPLETED BY ASSOCIATE

Name _____ Birth Date _____ Sex _____

Home Phone (____) _____

Marital Status: Single Married Divorced Widowed

Spouse's Name _____ Number of Dependents _____

Race/Ethnic Identification (for EEO reporting purposes):

White Black Hispanic Asian/Pacific Islander American Indian/Alaskan Native

In case of Emergency, please notify (relative or close friend)

	Name	Relationship	Phone
1.	_____	_____	(____) _____
2.	_____	_____	(____) _____

TO BE COMPLETED BY EMPLOYER

Store Name _____ Store Number _____

Date of Hire _____ Job Title _____

DEPARTMENT (select one):

Grocery Meat Produce GM Bakery

Deli Dairy Frozen General Cust./Maint.

Hourly Salary

Starting Rate _____

F.T. P.T. Casual

If P.T. or Casual, is associate a student?

YES NO

First Increase Due _____ First Performance Evaluation Due _____

Employer's Section Completed By:

Signature/Title

Date

(____) _____
Phone #