



**Day & Zimmermann NPS**  
We do what we say.

## Employee Information Form

Job # \_\_\_\_\_ Site: \_\_\_\_\_

Employee # (SAP Assigned): \_\_\_\_\_

Name: \_\_\_\_\_

S.S.#: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Local Union # \_\_\_\_\_ Craft: \_\_\_\_\_

**In Case of Illness or Accident Notify:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home: \_\_\_\_\_

Work or Cell: \_\_\_\_\_

Resident County: \_\_\_\_\_ Email: \_\_\_\_\_

**Are you an Apprentice?** YES NO (Circle One) Year \_\_\_\_\_ Have you ever been employed by a D & Z Company? Yes \_\_\_ No \_\_\_

### EEO Race and Ethnic Identification (Optional)

Day & Zimmermann NPS is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and my only be used in accordance with the provision of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

GENDER: (M or F) <input type="checkbox"/>	ETHNIC ORIGIN: <input type="checkbox"/> (Select One)	Special Disabled Veteran: (Y or N) <input type="checkbox"/>
Disabled/Challenged: (Y or N) <input type="checkbox"/>	1. Hispanic or Latino	Viet Nam Era Veteran: (Y or N) <input type="checkbox"/>
U.S. Citizen: (Y or N) <input type="checkbox"/>	2. White	Other Protected Veteran: (Y or N) <input type="checkbox"/>
	3. Black or African American	Recently Separated Veteran: (Y or N) <input type="checkbox"/>
	4. Native Hawaiian or other Pacific Islander	Armed Forces Service Medal Veteran (Y or N) <input type="checkbox"/>
	5. Asian	Disabled Veteran <input type="checkbox"/>
	6. American Indian or Alaska Native	Non Veteran <input type="checkbox"/>
	7. Two or More Races	Discharge Date: _____

### PAYROLL INFORMATION

PER/SUB AREA: \_\_\_\_\_ SAP POSITION # \_\_\_\_\_ ACTIVITY TYPE: \_\_\_\_\_

BILL IND.: \_\_\_\_\_ BILL CLASS: \_\_\_\_\_

DATE HIRED: \_\_\_\_\_ BEGINNING PAY RATE: \_\_\_\_\_

DATE TERMINATED: \_\_\_\_\_ ENDING PAY RATE: \_\_\_\_\_

LAST DAY WORKED: \_\_\_\_\_ CRAFT CODE D/C # \_\_\_\_\_

**ELIGIBLE FOR REHIRE:** YES NO (Circle One)

I hereby acknowledge receipt of final wage due, and certify that I have reported any and all injuries sustained in connection with my employment, to a responsible Supervisor or First Aid department of the company.

\_\_\_\_\_  
(Employee)

\_\_\_\_\_  
(Superintendent)

**REASON FOR PAYROLL REMOVAL**

<input type="checkbox"/> Lack of work	<input type="checkbox"/> Unsatisfactory Work
<input type="checkbox"/> Irregular Attendance	<input type="checkbox"/> Quit
<input type="checkbox"/> Misconduct (Explain)	<input type="checkbox"/> Military Services
<input type="checkbox"/> Other Remarks: _____	

**UNEMPLOYMENT INFORMATION**

Mail Claim to:  
Talx Employer Services, P.O. Box 1160, Columbus, OH 43216-1160

**Notice to employee:** Should this Field Office be de-mobilized during this year, notify our home office of any changes, so that you will receive your Federal Form W-2.

**DAY & ZIMMERMANN NPS, INC.**  
1324 Elm Hill Pike • Nashville, TN 37210  
(615) 782-2923 or (615) 782-2949