

Employee New Hire Form
Xscape Theatres
To be completed by Manager

Theatre Location: _____

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ SSN: _____

DOB(from picture government issued ID): _____ Gender: _____

Home #: _____ Cell #: _____

Emergency Contact: _____

Hire Date: _____ Start Date: _____

Re-Hire: Y or N _____ Original Date of Hire: _____

Rate of Pay: _____ Position: _____

Federal Withholding Marital Status: _____ Federal Exemptions: _____

State Exemptions: _____ (attach W4 and State Withholding form)

GM Signature & Date: _____

Director Signature & Date: _____