



Employee Information

Revision 1.1 03-06-2012

## Leading Edge Aviation Employee Information

Name: \_\_\_\_\_ Employee Location: \_\_\_\_\_

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

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

Social Security #: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Home Phone#: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone#: \_\_\_\_\_

**Arrival**

**Departure**

Application	Yes	No	Return Uniform	Yes	No
W-4	Yes	No	Return Keys	Yes	No
I-9	Yes	No	Return Cell Phone	Yes	No
Copy of SS# Card	Yes	No	Return Credit Card	Yes	No
Copy of Drivers License	Yes	No	Letter of Recommendation	Yes	No
Copy of Pilot Certificates	Yes	No	Return Airport Badge	Yes	No
Copy of Mechanic License	Yes	No			
Keys	Yes	No			
Credit Card	Yes	No			
Cell Phone	Yes	No			
Uniforms	Yes	No			
Airport Badge	Yes	No			

Quantity \_\_\_\_\_ Sizes \_\_\_\_\_

Other: \_\_\_\_\_

New Hire                      Yes    No    New Pay: \_\_\_\_\_

Change of Status            Yes    No    Old Pay: \_\_\_\_\_

Termination                 Yes    No    Date: \_\_\_\_\_

Special Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_