

New Employee Personal Information

Welcome to your new company. Complete this form and return it to your employer. By providing this information your employer will be able to set you up as an employee in our systems, giving you access to all the services TriNet provides employees at your company.

TriNet
9805 Double R Boulevard
Reno, NV 89521

EMPLOYEE DATA

LEGAL NAME (as shown on the employee's Social Security Card)			SOCIAL SECURITY NUMBER	DATE OF BIRTH	
Last	First	Middle			
ADDRESS Street		City	State	Zip Code	
<p>The Civil Rights Act of 1964, the Rehabilitation Act of 1973 and the Vietnam Era Veterans Readjustment Assistance Act of 1973, empowered the U.S. Government to require employers report the number of employees in racial, ethnic, gender, age, disabled and Veteran Groups listed below. Though employers are permitted to determine the group identification by visual survey, we believe every employee is entitled to answer this question.</p>					
GENDER	ETHNIC GROUP	MILITARY STATUS		DISABILITY	
<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> African American/Black <input type="checkbox"/> Native Hawaiian/Other Pacific Islands <input type="checkbox"/> Specify Additional Ethnicities _____	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Caucasian <input type="checkbox"/> Not Specified	<input type="checkbox"/> Active Reserve <input type="checkbox"/> Inactive Reserve <input type="checkbox"/> No Military Service	<input type="checkbox"/> Other Veteran <input type="checkbox"/> Retired <input type="checkbox"/> Vietnam Veteran	<input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Disabled
PREFERRED TELEPHONE NUMBER		PREFERRED EMAIL ADDRESS		MARITAL STATUS	
<input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Mobile <input type="checkbox"/> Fax ()	<input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Married <input type="checkbox"/> Single		

EMERGENCY CONTACT INFORMATION

NAME	RELATIONSHIP	DAYTIME PHONE NUMBER
	<input type="checkbox"/> Spouse <input type="checkbox"/> Other _____	() -
ADDRESS <input type="checkbox"/> Same as employee		
Street	City	State
		Zip Code

IMPORTANT NOTICE

Always verify your paycheck to ensure your compensation and benefits are accurate. As our employee, you are our final check for quality. By accepting our paycheck, you are acknowledging your paycheck's accuracy. Please report any errors to TriNet's Solution Center at (800) 638-0461.

CONDITIONS OF EMPLOYMENT STATEMENT

I understand TriNet is responsible for my payroll, withholding and payment of all applicable employer and employee statutory taxes and insurance, including social security, unemployment, disability, and workers' compensation. TriNet offers me fringe benefits consistent with the benefits offered to other employees at the Company where I am assigned. My access to health plans and other benefits is dependent on my: maintaining full-time regular status; submitting completed enrollment materials; and approval of the insurance carrier or other plan providers.

I have received a copy of TriNet's Employee Handbook and agree to abide by the policies outlined therein, including rules concerning TriNet's Drug-Free Workplace. I understand and agree that TriNet may change information, policies and benefits described in the Employee Handbook at their sole discretion, and that I will be notified of material changes within a reasonable period of time and through customary communication channels.

I understand that I have separate employment relationships with TriNet and the Company where I am assigned, and that both relationships are at-will. I understand that at-will employment is at the mutual consent of myself and either company, and the terms and conditions of my employment, including, but not limited to: promotion, demotion, termination, transfer, compensation, benefits, duties and location of work may be changed at any time, with or without cause, for any or no reason. Neither at-will employment relationship can be changed by any statement, promise, policy, course of conduct, writing or manual except through a written agreement, which must be signed by the appropriate company President.

I understand these Conditions of Employment (and Employee Handbook) embody the entire agreement and understanding between TriNet as special employer and myself as the employee. There are no representations, warranties, terms, covenants, or conditions made by either of the parties except those contained herein.

COMPANY INFORMATION

COMPANY NAME

EMPLOYEE SIGNATURE

NAME PRINTED	EMPLOYEE SIGNATURE	DATE
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TriNet Use Only

Received	Verified	Entered	Audited	Filed
Date	Date	Date	Date	Date
Initials	Initials	Initials	Initials	Initials

New Employee Personal Information

Instructions: The information you provide on this form, in addition to data submitted by your company, is used to set you up as a new hire in TriNet's Payroll and Benefits Systems. Upon receipt of all required information, you will be able to enroll in your company sponsored benefits on the web. To ensure successful web enrollment, please wait 3-5 business days after TriNet receives necessary data/forms before logging on.

Employee Data

Legal Name	Enter your legal name as shown on your Social Security Card. This is the name used when remitting your form W-2. It is important that the name on your W-2 match the name on your Social Security Card to ensure your social security wages are posted properly.
Social Security Number	Enter your Social Security number.
Date of Birth	Enter your date of birth.
Gender	Select your gender.
Ethnic Group	Select the ethnic group to which you most closely belong. We understand that you may be of mixed heritage; however, we must use these categories for EEO (Equal Employment Opportunity) reporting.
Military Status	Select your Military Status.
Disability	If you are disabled, select your disability status.
Preferred Telephone Number	Select your phone type. Enter the preferred phone number for TriNet to use to contact you.
Preferred E-mail Address	Indicate your preferred e-mail location and enter the preferred e-mail address for TriNet to use to contact you.
Marital Status	Indicate your current Marital Status.
Emergency Contact Information	Enter the name of a primary contact in the event of an emergency.
Emergency Contact Relationship	Enter the nature of your relationship with the primary contact.
Emergency Contact Telephone	Enter the daytime phone number of your primary contact.
Emergency Contact Address	If you share the same address as your emergency contact, check the "Same as employee" box. If not, enter the contact address.

Company Information

Your Company Name	Enter the name of your company.
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Employee Signature

Name Printed	Print your name.
Signature	Provide your signature to acknowledge you have read and agree to the statement above.
Date	Enter the date the form was completed.