

Employee Information Sheet and Insurance Waiver

Cumberland Ford New _____ Change _____

Employee Information:

First Name _____ M.I. _____
Last Name _____ Email _____
Address _____
City _____ State _____ Zip Code _____
Phone _____
Social Security # _____
Gender Male _____ Female _____
Hire Date _____
Date of Birth _____

Compensation:

Federal Information:

Hourly Rate _____

State Subject to W/H Taxes:

Filing Status:

Tennessee _____
Kentucky _____
Virginia _____

___ Single
___ Married
___ Married Withhold Single Rate
___ Allowances Extra W/H\$ _____

State Subject to UNEMPLOYMENT TAXES:

Tennessee _____
Kentucky _____
Virginia _____

Bank Information:

City Taxes (WHERE APPLICABLE):

Checking _____ Savings _____

Middlesboro _____
Pineville _____
Barbourville _____

Bank Name _____
ABA Routing # _____
Account # _____

TO WHOM IT MAY CONCERN:

This is to certify that I do not wish to enroll in the Company's health insurance coverage, due to the fact that I am covered under health insurance policy # _____ with (name of insurance company) _____ from another source or I prefer to waive my right to any and all Company provided health insurance coverage. I understand this fully releases the Company (Lee Oil Company, Inc./Lee's Food Mart/Lee Enterprises/Heartland, Inc.) of any and all liability for providing health insurance.

Employee Print Name

Employee Signature

Date