



BurnsSearch, LLC
EMPLOYEE /CONSULTANT INFORMATION FORM

Client Company:	<input type="text"/>	Position:	<input type="text"/>	Pay Rate:	<input type="text"/>
Current Date:	<input type="text"/>	Start Date:	<input type="text"/>		

CONTACT INFORMATION					
Last Name:	<input type="text"/>	First Name:	<input type="text"/>		
Address:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip:	<input type="text"/>
Home Phone:	<input type="text"/>	Cell Phone:	<input type="text"/>	Work Phone:	<input type="text"/>
Home Email:	<input type="text"/>	Work Email:	<input type="text"/>		
Social Security Number:	<input type="text"/>	D.O.B.:	<input type="text"/>		
D.L.#:	<input type="text"/>	Marital Status:	<input type="text"/>		
Spouse's Name:	<input type="text"/>	Spouse's Work Phone:	<input type="text"/>		

AUTOMOBILE INFORMATION							
Year:	<input type="text"/>	Make:	<input type="text"/>	Model:	<input type="text"/>	License Tag:	<input type="text"/>

EMERGENCY CONTACT INFORMATION					
Next of Kin (not living with you)	Name:	<input type="text"/>			
Address	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip:	<input type="text"/>
Home Phone:	<input type="text"/>	Work Phone:	<input type="text"/>		
Relationship:	<input type="text"/>				

BELOW THIS POINT - FOR COMPANY USE ONLY					
Salary:	<input type="text"/>	Fee%:	<input type="text"/>	Fee% Due:	<input type="text"/>
Contractor Rate:	<input type="text"/>	Bill Rate:	<input type="text"/>		
Split:	<input type="text"/>				
Recruiter:	<input type="text"/>	Commission:	<input type="text"/>		