



**Texan Blue
Pool Service**

Parr Management, LLC

EMPLOYEE SET UP INFORMATION

DATE _____

LAST NAME _____

FIRST NAME _____ MIDDLE NAME _____
(Legal Name)

DEPT (Pool or FC) _____ POSITION _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____ (HOME) _____ (CELL) _____

SOCIAL SECURITY _____

SEX _____ HIRE DATE _____ BIRTHDATE _____

EMAIL _____

FEDERAL STATUS: MARRIED SINGLE

EXEMPTIONS _____ ADD'TLS _____

EMERGENCY CONTACT _____ PHONE _____

LICENSES/CERTS(list) _____

SALARIED: PER PAYPERIOD _____

HOURLY: RATE _____

DEDUCTIONS (IF ANY) _____

Office Use Only