



SIX STAR RESIDENT EMPLOYMENT FORM

NAME: _____

ADDRESS: _____

PHONE #: _____ **WORK #:** _____

CELL #: _____ **E-MAIL:** _____

EMPLOYMENT INFORMATION

EMPLOYER: _____

SUPERVISOR: _____ **PHONE #:** _____

ADDRESS: _____

JOB TITLE: _____

PAY SALARY: _____ **Received per:** hour week month
(Specify \$ amount)

DATE HIRED: _____ Full-time Part-time
(Month/Day/Year)

Resident Signature

Date