



IMC ID CARD #: _____

Data Entry Form for "Non Pay" Personnel

The following information is needed to create your ADP profile:

Company: _____ Start Date: _____

Title: _____ Department: _____

First Name: _____ | Last Name: _____
Print Name Print Name

Address: _____

E-Mail Address: _____ Cell Phone#: _____

Gender: _____ Current Marital Status: _____

Social Security Number: ____ - ____ - ____ | Date of Birth: ____/____/____/

License #: _____ | Expiration Date: ____/____/____/

BCLS Expiration Date: ____/____/____/ Background Check: Yes | No - Toxicology: Yes | No

Employee's Signature | Date

Department Head Signature | Date

You are required to report to HR – 2nd Floor in the East Building – Monday – Friday: From 9am to 5pm, with a government issued picture ID. Please allow 48 hours for processing the form before reporting to HR, for your biometrics finger scan. Thank you.