

**AK BUSINESS SERVICES (AKBS)  
EMPLOYEE INFORMATION FORM (Fax to: 907.865.2494 or E-mail to info@akhire.com)**

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**Section 1: Personal Information**

Employee Full Name (First, Initial, Last): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_ Skype Username: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Gender: \_\_\_\_ Male / \_\_\_\_ Female

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**Section 2: Direct Deposit Information**

Would you like to enroll in direct deposit? \_\_\_\_ Yes / \_\_\_\_ No (If yes please provide information below. If no, skip to section 3.)

Name of Bank: \_\_\_\_\_ Location (City/State): \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Name(s) on Account: \_\_\_\_\_

Type of Account: \_\_\_\_ Checking / \_\_\_\_ Savings / \_\_\_\_ Other

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**Section 3: New Hire Checklist (Other Required Forms)**

Have you completed an application for AKBS and agreed to our release statement? \_\_\_\_ Yes / \_\_\_\_ No

Have you read, signed and returned an Employee Handbook to AKBS? \_\_\_\_ Yes / \_\_\_\_ No

Have you completed and returned to AKBS a current IRS W-4 Form? \_\_\_\_ Yes / \_\_\_\_ No

Have you provided AKBS with a current IRS I-9 Form and copies of your IDs? \_\_\_\_ Yes / \_\_\_\_ No

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**