

A.V.O

Employee Name: _____

Department: _____

Hire Date: _____ - _____ - _____

Position Hired for: _____

Rate of Pay

Hourly: _____

Salary: _____

Commission / Bonus:

Special Conditions (part time / full time / job restrictions / health restrictions / under 17)

Hours: _____

State License Number: _____

Assigned Employee Number: _____

Does Employee need (Circle for YES) ? MPK DealerConnect Email

Manager X _____

Employee X _____

Date ____ - ____ - ____

Date ____ - ____ - ____