

**BurnsSearch, LLC**  
**EMPLOYEE /CONSULTANT INFORMATION FORM**

|                 |                      |             |                      |           |                      |
|-----------------|----------------------|-------------|----------------------|-----------|----------------------|
| Client Company: | <input type="text"/> | Position:   | <input type="text"/> | Pay Rate: | <input type="text"/> |
| Current Date:   | <input type="text"/> | Start Date: | <input type="text"/> |           |                      |

| CONTACT INFORMATION     |                      |                      |                      |             |                      |
|-------------------------|----------------------|----------------------|----------------------|-------------|----------------------|
| Last Name:              | <input type="text"/> | First Name:          | <input type="text"/> |             |                      |
| Address:                | <input type="text"/> |                      |                      |             |                      |
| City:                   | <input type="text"/> | State:               | <input type="text"/> | Zip:        | <input type="text"/> |
| Home Phone:             | <input type="text"/> | Cell Phone:          | <input type="text"/> | Work Phone: | <input type="text"/> |
| Home Email:             | <input type="text"/> | Work Email:          | <input type="text"/> |             |                      |
| Social Security Number: | <input type="text"/> | D.O.B.:              | <input type="text"/> |             |                      |
| D.L.#:                  | <input type="text"/> | Marital Status:      | <input type="text"/> |             |                      |
| Spouse's Name:          | <input type="text"/> | Spouse's Work Phone: | <input type="text"/> |             |                      |

| AUTOMOBILE INFORMATION |                      |       |                      |        |                      |              |                      |
|------------------------|----------------------|-------|----------------------|--------|----------------------|--------------|----------------------|
| Year:                  | <input type="text"/> | Make: | <input type="text"/> | Model: | <input type="text"/> | License Tag: | <input type="text"/> |

| EMERGENCY CONTACT INFORMATION     |                      |                      |                      |      |                      |
|-----------------------------------|----------------------|----------------------|----------------------|------|----------------------|
| Next of Kin (not living with you) | Name:                | <input type="text"/> |                      |      |                      |
| Address                           | <input type="text"/> |                      |                      |      |                      |
| City:                             | <input type="text"/> | State:               | <input type="text"/> | Zip: | <input type="text"/> |
| Home Phone:                       | <input type="text"/> | Work Phone:          | <input type="text"/> |      |                      |
| Relationship:                     | <input type="text"/> |                      |                      |      |                      |

| BELOW THIS POINT - FOR COMPANY USE ONLY |                      |             |                      |           |                      |
|---|----------------------|-------------|----------------------|-----------|----------------------|
| Salary:                                 | <input type="text"/> | Fee%:       | <input type="text"/> | Fee% Due: | <input type="text"/> |
| Contractor Rate:                        | <input type="text"/> | Bill Rate:  | <input type="text"/> |           |                      |
| Split:                                  | <input type="text"/> |             |                      |           |                      |
| Recruiter:                              | <input type="text"/> | Commission: | <input type="text"/> |           |                      |