

BCG, Inc. Outsource Enrollment Card

Employer:			BCG Use Only	
Employee's Name: Last		First	MI	Employer ID
Address: No. Street		Apt#	City, State, Zip	
Date Entered				
Social Security No.	Date of Birth	Date Hired	OS Day	
() Home Phone		() Work Phone		
<input type="checkbox"/> Male <input type="checkbox"/> Female		Occupation/Title		
Earnings: \$ _____	<input type="checkbox"/> Annual <input type="checkbox"/> Monthly		<input type="checkbox"/> Officer	
Hours Per Week: _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly		<input type="checkbox"/> Commission	
Date: _____ Employer's Signature: _____				