CONTACT INFORMATION UPDATE FORM

EMPLOYEE INFORMATION *(print and complete all fields)*

First Name		Last Name	
Street Address			Apt # (if applicable)
City	State	Zip Code	
Phone	Alternate Phone Number		
Email Address			

Electronic W-2 Election

Please complete this section to receive future W-2 Statements electronically.

☐ Yes, send my W-2 Electronically ☐ No, do not send my W-2 electronically

I authorize Force Personnel Services to send my W-2 Statement electronically to the email address listed above. I understand I may withdraw this consent at any time in writing. Additionally, I authorize Force Personnel Services to send me text messages or emails with job opportunities. I understand that standard text messaging rates will apply to any message received from Force Personnel Services. I also understand that I may revoke this permission in writing at any time. I also agree to not hold Force Personnel Services liable for any electronic messaging charges or fees generated by this service. I further agree that in the event my cell phone number changes, I will inform Force Personnel Services. Force Personnel Services will not sell or distribute any personal contact information.

Employee Signature_____ Date_____