

# EMPLOYEE INFORMATION SHEET

Name \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Medical Information (Medications, Allergies, Etc. \_\_\_\_\_  
\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

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

Supervisors: Please keep a copy of this form for your records

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