

Employee Data Sheet

Employee Name: _____ Last _____ MI _____ First _____

Address: _____ Home Telephone: _____

_____ Other Telephone: _____

DOB: _____ Driver's License #: _____

SSN: _____ State Issued: _____

Emergency Contacts

1) Name: _____ Contact #: _____
Relationship: _____ Secondary Contact #: _____

2) Name: _____ Contact #: _____
Relationship: _____ Secondary Contact #: _____

3) Name: _____ Contact #: _____
Relationship: _____ Secondary Contact #: _____

Physician: _____ Location and/or Phone #: _____

| |
|--|
| Driver's License or Photo ID Copy |
| |

| |
|------------------------|
| Exp. Date: _____ |
| W-4 Allowances: _____ |
| Insurance Types: _____ |
| _____ |
| Uniform: Yes No |