

## Employee Data Sheet

Employee Name: \_\_\_\_\_ Last \_\_\_\_\_ MI \_\_\_\_\_ First \_\_\_\_\_

Address: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

\_\_\_\_\_ Other Telephone: \_\_\_\_\_

DOB: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

SSN: \_\_\_\_\_ State Issued: \_\_\_\_\_

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### 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 #: \_\_\_\_\_

<b>Driver's License or Photo ID Copy</b>

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