

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