Employee Data Sheet

Attach inside on left of folder/ file for quick review

Employee Name: _____ Last ___ M. I _____ First

Address: _____   **Home Telephone**: _____

_____   **Email**: _____

DOB: _____   **Driver's License #**: _____

SSN: _____   **State Issued**: _____

Emergency Contacts:

1)   Name_____   Contact #_____

Relationship_____   Secondary Contact #_____

2)   Name_____   Contact #_____

Relationship_____   Secondary Contact #_____

ALLERGIES:
MEDICATIONS:

Physician: _____ **Location & Phone #:** _____
Emergency Room Prefer: _____   _____

Driver's License or Photo ID Copy	Hire Date: _____
	CDL Certified: _____
	Med. Insurance: _____
	Policy#: _____
	Fleet # Assigned: _____