



EMPLOYEE INFORMATION SHEET

Employee No. _____ Position _____

Date of Hire _____ SS# _____ Marital Status _____

Name _____ DOB _____

Home Address _____ Phone _____

City / Town _____ Cell _____

State/Zip _____ Pager _____
(Pagers issued by Town only)

Mailing Address _____

City/Town _____ Email _____

State/Zip _____

License No. _____ DOT Medical Card Required for position?

License Type _____ Yes _____ No _____

License Expiration _____ Medical Card Expiration _____

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In case of an emergency, please contact:

Name _____ Address _____

Relationship _____ Day Phone _____

Evening phone _____ Cell Phone _____

If unable to reach the above person, please do the following:

Employee Signature

Date