

INFORMATION/EMERGENCY CONTACT

Name Of Employee: _____

Client Name(if applicable): _____ Start Date: _____

Status : _____ W-2 Hourly _____ 1099 Independent _____ Corp to Corp _____ Third Party

Permanent Address: _____

Temporary Address: _____

Home Phone: _____ Temporary: _____

Email Address: _____

Date of Birth: _____ (month/day ONLY)

IN CASE OF AN EMERGENCY, WHOM SHALL WE NOTIFY?

1) Contact #1: _____

Address: _____

Home Phone: _____ Work Phone: _____

Relationship: _____

2) Contact #2 _____

Address: _____

Home Phone : _____ Work Phone: _____

Relationship: _____