EMPLOYEE INFORMATION SHEET **Today's Date: _____**

Name _____ DOB _____

Employee No. _____ Position _____

Date of Hire _____ Department(s): _____

Home Address _____ Phone _____

City / Town _____ Cell _____

State/Zip _____ Pager _____

(Pagers issued by Town only)

Mailing Address _____

City/Town _____ State/Zip _____

E-Mail Addresses:

_____ _____

(Town Assigned E-Mail) (Other – Personal)

License No. _____ DOT Medical Card required for position?

License Type _____ Yes _____ No _____

License Expiration _____ Medical Card Expiration _____

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: _____

Form Updated 5/2011