EMPLOYEE INFORMATION CARD

EMPLOYEE'S NAME	FIRST NAME:	LAST NAME:	
HOME ADDRESS:			
CITY:	STATE:	ZIP CODE:	
	CELL NUMBER:	HOME NUMBER:	
PERSONAL EMAIL (NON HIG):			

BIRTH DATE:		ZODIAC SIGN:	
SPOUSE'S NAME:	FIRST NAME:	LAST NAME:	
CHILD'S NAME:	FIRST NAME:	LAST NAME:	AGE:
CHILD'S NAME:	FIRST NAME:	LAST NAME:	AGE:
CHILD'S NAME:	FIRST NAME:	LAST NAME:	AGE:

SOCIAL SECURITY NUMBER:		DRIVER'S LICENSE NUMBER:	T
IN CASE OF EMERGENCY- CONTACT INFORMATION			
CONTACT NAME:	FIRST NAME:	LAST NAME:	RELATIONSHIP:

INSURANCE/MEDICAL INFORMATION	
PRIMARY INSURANCE COMPANY:	
POLICY ID:	GROUP ID:
SECONDARY INSURANCE COMPANY:	
POLICY ID:	GROUP ID:
VOLUNTARY MEDICAL INFORMATION AND MEDICAL RESTRICATIONS:	BLOOD TYPE:

SHIRT SIZES				
MALE:	T –SHIRT:			
DRESS SHIRT:	NECK:	SLEEVE:	LENGTH:	REGULAR OR TALL
FEMALE:	T-SHIRT:			
POLO: X-Large	LENGTH:	REGULAR OR TALL		

EMPLOYEE INFORMATION CARD