



Local
Government
Commission

Leaders for Livable Communities

NEW EMPLOYEE INFORMATION SHEET

EMPLOYEE DATA

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

DOB: _____ SSN: _____

EMERGENCY CONTACT

Name: _____

Phone: _____

Doctor's Name:

_____ Doctor's

Phone: _____

Emergency Medical Needs (Allergies/Special Conditions): _____

First Aid/Emergency Skills (CPR/EMT, ETC.): _____

Job Title: _____

Salary: _____

Date of Hire: _____ Ending Date: _____

Employee Status: (Check One) Regular Limited Team Work Study

(Check One): Part-Time Full-Time

(Check One): Exempt Non-Exempt

Supervisor: _____

Job Description/Responsibilities (See Attached):

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