



ADDITIONAL EMPLOYEE INFORMATION

NAME: _____ DATE: _____

In Case of Emergency, Notify:

1.) _____

Name

Relationship

Home Phone

Work Phone

2.) _____

Name

Relationship

Home Phone

Work Phone

THE FOLLOWING INFORMATION IS NEEDED FOR GENERAL REPORTING PURPOSES

Married _____ Single _____

Spouses Name _____

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL CITY AND STATE FUNDED PROJECTS

African American: _____

Native American: _____

Caucasion: _____

Asian: _____

Hispanic: _____

Pacific Islander: _____