

NEW EMPLOYEE RECORD

Name:						SS#:	
-	Last	F	First	Middle			
Contact Inf	formation	n	Perso	onal Email:			
Number a	nd Street: _						
City:				_ State:	Zip:		
Cell #: ₋				Home #:			
Personal							
Date of Birth _	Month	Day		-			
Marital Status _				Name of Spor	use/Partner:		
Names and Bir of Children					_		
Have you work	ed here bef	ore for LF.	A or Sode	exo? If so, when	?:		
In Case of	Emergen	ıcy, Not	ify				
Name:						Relationship:	
Address: _							
Cell #: ₋				Home #:			