

**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: \_\_\_\_\_