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## **Employee Face Sheet**

Employee Name: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Address: \_\_\_\_\_

Home/ Cell: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN:XXX-XX-\_\_\_\_ Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

### **Emergency Contact:**

1) Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Contact #: \_\_\_\_\_  
Address: \_\_\_\_\_

2) Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Contact #: \_\_\_\_\_  
Address: \_\_\_\_\_