

BW Staffing LLC

Employee Contact Information Form

SECTION 1 - Contact Information

Employee Name:		Social Security Number
Cell Phone #:	Text: yes / no	Notes:
Other Phone #:	Home / Cell / Friend / Other	Notes:
Other Phone #:	Home / Cell / Friend / Other	Notes:
Email Address:		
Email Address 2:		

SECTION 2 - EMERGENCY CONTACT INFORMATION

Emergency Contact Name:	Emergency Contact Relationship:
Emergency Contact Phone:	Notes:
Emergency Contact 2 - Name:	Emergency Contact 2 - Relationship:
Emergency Contact 2 - Phone:	Notes:

SECTION 3 - Voluntary Information

Military Service:	<input type="checkbox"/> Pre Vietnam Era	<input type="checkbox"/> Vietnam Era	
	<input type="checkbox"/> Post Vietnam Era	<input type="checkbox"/> Disabled Veteran	

Please List any Prior Injuries or Work Restrictions:

Notes:

1. RELEASE OF MEDICAL INFORMATION: I hereby authorize American Employer Group and BW Staffing LLC to request and obtain all records regarding worksite injury. This shall include, but not limited to, doctor's reports, nurse's notes, follow-up reports, medical bills, and test results. A fax or photocopy of this authorization shall be considered as effective and valid as the original.

2. Employee Authorization: I certify that the above information is true to the best of my knowledge.

Employee Signature:

Date: