UNIVERSAL STAFFING
SOLUTIONS, INC.

EMPLOYEE DATA SHEET

Date: _____

Position: _____
Start Date: _____
Interviewed By: _____

Employee Name: _____
Last First M.I.

Address: _____

_____

Telephone: _____ Cell: _____

Social Security No.: _____

Driver's License No.: _____ Expiration: _____

Birth Date: _____

In case of an emergency notify:

Primary Contact: (Name/Relationship) _____
Phone: _____
Address: _____

Secondary Contact: (Name/Relationship) _____
Phone: _____
Address: _____

Emergency medical information: (Medicine that you are taking, Medical Conditions, Allergies, etc.)

_____
_____
_____

Persons authorized to pick up your check:

_____
_____
_____

This information will be kept private and confidential. It is very important that you keep all information current.

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Employee Data Sheet