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| EMPLOYEE INFORMATION |
| LAST NAME:       FIRST NAME:      M.I.  |
| HOME ADDRESS (PHYSICAL):       |
| CITY:      STATE:      ZIP CODE:      |
| HOME PHONE:       CELL PHONE:      DATE OF BIRTH:      |
| PERSONAL VEHICLE DRIVEN TO WORK (MAKE/MODEL/COLOR/PLATE):      |
| RADIO CALL SIGN:       DUTY STATION:      OFFICE PHONE & EXT:  |
| GOV CELL:      VEHICLE DOOR NUMBER:       |
| EMPLOYEE STATUS :  |
| IF YOU DO NOT HAVE A GOV CELL, CAN WE GIVE OUT YOUR PERSONAL CELL TO OTHER AGNECY EMPLOYEES? YES[ ]  NO[ ]  |
| MEDICAL INFORMATION |
| HEIGHT:      WEIGHT:      BLOOD TYPE:  |
| MEDICATIONS:      |
| ALLERGIES:      |
| WHAT ARE YOU PERSONAL WISHES OF A BLOOD TRANSFUSION? YES[ ]  NO[ ]  |
| KNOWN CHRONIC ILLNESSES (EXAMPLE:ASTHMA, DIABETES):      |
| OTHER INFORMATION:      |
| SUPERVISOR’S INFORMATION |
| SUPERVISOR:Kevin Woods RADIO CALL SIGN:OHV 31 DUTY STATION:PRATHER  |
| OFFICE PHONE & EXT:559-855-5355 EXT 3302 GOV CELL:N/A  |
| PERSONAL CELL:559-545-1928 HOME PHONE:      |
| IN THE EVENT OF AN EMERGENCY, PRIMARY NEXT-OF-KIN NOTIFICATION |
| LAST NAME:      FIRST NAME:      RELATIONSHIP:      |
| PHYSICAL ADDRESS:      |
| CITY:      STATE:      ZIP CODE:      |
| PRIMARY PHONE:      SECONDARY PHONE:      |
| PLACE OF WORK:      |
| WORK PHONE:      |
| ADDRESS:      |
| CITY:      STATE:      ZIP CODE:      |
| IN THE EVENT OF AN EMERGENCY, SECONDARY NEXT-OF-KIN NOTIFICATION |
| LAST NAME:      FIRST NAME:      RELATIONSHIP:      |
| PHYSICAL ADDRESS:      |
| CITY:      STATE:      ZIP CODE:      |
| PRIMARY PHONE:      SECONDARY PHONE:      |
| PLACE OF WORK:      |
| WORK PHONE:      |
| ADDRESS:      |
| CITY:      STATE:      ZIP CODE:      |