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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: |