Employee Name:

Address:

Home Phone: Cell Phone:

E-mail:

**In case of emergency, who should we call?**

1. Name: Relationship:

Phone Numbers:

2. Name: Relationship:

Phone Numbers:

Do you have any known allergies? yes no List:

What should we do in case of an allergic reaction?

Do you have any disabilities that are covered by ADA that we need to accommodate?

List:

How can we help you to be successful in your current position?

Is there anything in your culture that we should be aware of? Restrictions, special diets, special celebrations or days off?