

Palouse-Clearwater Environmental Institute
Staff Personal Information Form

Name of Employee: _____

Social Security Number: _____

Date of Birth: _____

Job Title: _____

Date of Hire: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

email address: _____

Name of Physician: _____

Physician's Phone Number: _____

Next of Kin: _____

In Case of Emergency Please Notify:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Allergies and Medical Notes: _____
