



METCALF CONSTRUCTION SERVICES LLC
EMPLOYEE INFORMATION SHEET

Employee Name:	
Address:	
Telephone No.:	
Mobile No.:	Other:
Email (to be used for payroll direct deposit):	
Date of Birth:	SS#

In Case of Emergency Contact		
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

Emergency Medical Information (allergies, medications, medical conditions or other information that would be necessary to treat you in an emergency situation.) _____ _____
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Relatives and Friends Employed by Metcalf Construction Services LLC	
Name:	Relationship:
Name:	Relationship:
Name:	Relationship: