

Winning Wheels

EMPLOYEE RECORD

Name: _____ Department: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____

Date Hired: _____ Today's Date: _____

In case of emergency, contact: _____

Relationship: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____

Second Contact: _____

Relationship: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____

Hospital Preference: _____

Doctor Preference: _____