

Sunland Group, Inc.

Employee Data Sheet

Last Name First MI Hire Date

Home Address City State Zip

(____) _____ (____) _____
Home Phone Cell Phone

DOB Marital Status

Drivers License Number and State

E-mail Address

Nationality Race

Spouse Name (____) _____
Spouse Phone

Special Disabled Veteran **Y/N** **Vietnam Era Veteran** **Y/N**
Other Protected Veteran **Y/N** **Newly Separated Veteran** **Y/N**

In case of an Emergency the following person(s) will be contacted:

1st Person
Name: _____ Relationship: _____

Phone: _____

Employee Signature: _____ Date: _____