

LASEC

EMPLOYEE DATA

LOCKPORT AREA SPECIAL EDUCATION COOPERATIVE EDUCATION

DATE: _____

NAME: _____
(LAST) (FIRST) (MIDDLE INITIAL)

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

HOME PHONE: () _____ CELL PHONE/PAGER: () _____

EMAIL: _____

EMERGENCY DATA – PERSON(S) TO CONTACT IN CASE OF AN EMERGENCY:

NAME: _____

WORK PHONE: () _____ HOME PHONE: () _____

CELL PHONE/PAGER: _____ RELATIONSHIP TO EMPLOYEE: _____

NAME: _____

WORK PHONE: () _____ HOME PHONE: () _____

CELL PHONE/PAGER: () _____ RELATIONSHIP TO EMPLOYEE: _____

PHYSICIAN NAME: _____

PHONE: () _____

YEAR/COLOR/MAKE OF CAR: _____

CAR LICENSE PLATE NUMBER: _____