

EMPLOYEE INFORMATION SHEET

Today's Date: _____ Employee Number: _____

Janesville Sand & Gravel Co.

New Employee – complete entire form

LYCON Inc.

Employee Information Change - complete employee number, name and item being changed

Plant Location _____

Ready Mix Dump Cement Mortar Prod Mortar Del Pit Mechanic

Name: _____
(Last) (First) (Middle Initial)

Address: _____
(Street) (City) (State) (Zip Code)

Home Phone No: _____ Social Security No: _____

Cell Phone No: _____ Date of Birth: _____

Marital Status: Single _____ Married _____

Driver's License Number: _____ State: _____ Class: A B C D

Driver's License Issued Date: _____ Driver's License Expires Date: _____

DOT Medical Card Issued Date: _____ DOT Medical Card Expiration Date: _____

Spouse's Name and Date of Birth: _____

Children's Names and Date of Birth: _____

In case of emergency, notify:

Name: _____ Home Phone No: _____

Relationship: _____ Cell Phone No: _____

Name: _____ Home Phone No: _____

Relationship: _____ Cell Phone No: _____