



SOUND  
NATIVE  
PLANTS

PO BOX 7505 OLYMPIA, WA 98507 360/352-4122 FAX: 360/867-0007

Employment Information Form

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

SS# \_\_\_\_\_ DRIVER'S LIC. # \_\_\_\_\_

*Email address* \_\_\_\_\_

To Notify in Case of an Emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone # \_\_\_\_\_

MEDICAL OR OTHER INFORMATION WE SHOULD KNOW IN CASE OF AN  
EMERGENCY (Insurance company, phone #, & policy #; doctor's name & phone #; current  
medications; allergies; existing health conditions; other)

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