

STAFF INFORMATION CARD

Today's Date: ____ / ____ / ____

Employee's Name: _____	BirthDay: _____ / _____ / _____
Local Address: _____	
Street	City State Zip
Local Phone: (____) - _____ - _____	Cell Phone: (____) - _____ - _____
E-Mail Address: _____	
Home Address: _____	
Street	City State Zip
Home Phone: (____) - _____ - _____	

List one person to contact in case of an emergency	(Wk): _____ - _____ - _____
Name: _____	(Hm): _____ - _____ - _____
Address: _____	
Medical Conditions: _____	

Crayon Box Staff Questionnaire

- Major Currently Studying or Degree Earned:
- Home State/Country:
- Favorite color:
- Favorite Snack Food:
- Favorite Drink:
- Vegan or Non-Vegan:
- Food Allergies: