

**Community Action Team, Inc.**  
Personnel Information Sheet

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
\_\_\_\_\_

Physical Address: \_\_\_\_\_  
(if different from  
Mailing Address) \_\_\_\_\_

Phone: \_\_\_\_\_  Cell  Home

E-mail Address: \_\_\_\_\_

**In case of emergency, whom do we notify?**

RELATIVE: \_\_\_\_\_  
Name & Relationship                      Address                      Phone

FRIEND: \_\_\_\_\_  
Name                      Address                      Phone

DOCTOR: \_\_\_\_\_  
Name                      Address                      Phone

**Is there any additional information that you feel we should know?**

\_\_\_\_\_  
\_\_\_\_\_

Program: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Employee's Job Title: \_\_\_\_\_ Location: \_\_\_\_\_

**The questions listed below are asked on our Program Information Report and are optional.**

Ethnicity/Race: \_\_\_\_\_ Languages you speak: \_\_\_\_\_