

MANNING PERSONNEL GROUP, INC. 617.523.8866  
EMPLOYEE INFORMATION SHEET

PERSONAL

Employee Name: \_\_\_\_\_  
(Last Name, First Name, Middle Name/Initial)

Preferred Name: \_\_\_\_\_  
(Nickname or if different from first name)

Date of hire                      Date of Birth                      Social Security Number  
\_\_/\_\_/\_\_                      \_\_/\_\_/\_\_                      \_\_/\_\_/\_\_

Marital Status:              Single / Married  
(Please circle one)

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Cell Carrier: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Primary Phone#: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Primary Phone#: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

I certify that the above information is correct.

Employee Signature: \_\_\_\_\_

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