



**Long-Term Care Foundation**

of Washington State

## Employee Information Form

Employee Name:

Phone Number:

E-Mail:

Address:

City, State and Zip:

Date of Birth:

Social Security Number:

## Emergency Contact Information

Emergency Contact #1:

Phone Number:

Emergency Contact #2:

Phone Number:

Primary Doctor, Location,  
and Phone Number:

Allergies/Medical Info:

## Getting to Know All About YOU

Coffee/Tea Order:

Favorite Shift Snacks:

Best approaches for you to  
receive recognition/praise:

Best approaches for you to  
receive feedback/coaching:

Best learning style(s):