smartlife
An IT Solutions Company

EMPLOYEE FORM

Contact and emergency information

How to reach you, and who to call in an emergency

PERSONNEL FILE

How to fill this in

1. Print clearly in blue or black ink, and fill in every line that applies to you.
2. Sign and date it at the bottom.
3. Give it to the office, or add a clear photo in the Smart Life app (Me > My settings > Contact and emergency info).

1 About you

Full legal name as on your Social Security card

Date of birth mm / dd / yyyy

Home street address where you live, including apartment number

City **State** **ZIP code**

Cell phone

Personal email not a work address

Do you live in Louisville Metro (anywhere in Jefferson County)?

☐ Yes ☐ No This sets your Louisville occupational tax: 2.20% if yes, 1.45% if no.

2 Emergency contact

Name who we call if you're hurt on the job **Relationship** e.g. spouse **Phone**

Second contact (optional) **Relationship** **Phone**

I confirm this information is true and current. I'll update it in the Smart Life app, or tell the office, when anything changes.

X _____ _____

Your signature Date (month / day / year)

FOR THE OFFICE

Received by _____ Date _____ Entered in the app ☐