

LSJE, LLC

6100 Red Hook Quarters Suite B-3 St. Thomas, VI 00802 Tel: 340-775-8100 Fax: 340-775-8108

Emergency Contact Form

Date: 06/04/18

Start Date: _____

Employee Name: Danny Etienne

Address: _____

Date of Birth: _____

Phone: _____ Cell: _____

E-Mail: _____

Title / Position: Maintenance

Marital Status: Single

License: _____

Emergency Information:

Allergies or Health Concerns: _____

Blood Type: ☐

Current Medication: _____

Doctor's Name: Dodglas Phone: _____

Doctor's Name: Dodglas Phone: _____

In case of an Emergency, Please contact :

Name Maria Relationship Etienne Phone _____

Name _____ Relationship Girlfriend Phone _____

This Information is for your safety and the safety of others