Employee Information Update Form

Employee Name:_____ Today's Date: _____

Current Address: _____

_____

Home Phone: _____

Cell Phone: _____ Cell Phone Carrier: _____

_____ **Initial here** to give consent for Advanced Excavating Specialists to send you safety and general information via text to your cell phone number above. Texting and data rates may apply.

Email Address: _____

_____ **Initial here** if you consent to have your future paystubs, W2's and safety information to your email listed above.

Emergency Contacts

Name/Relationship: _____ Phone: _____

Name/Relationship: _____ Phone: _____

By signing below, I verify the information given above.

Employee Signature: _____

CERTIFICATIONS EXPIRED OR NEEDED TO COMPLY WITH YOUR POSITION OF EMPLOYEMENT INCLUDE:

_____ _____

_____ _____

_____ _____

OFFICE USE ONLY
Entered in QB By: _____ On: _____