|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name:** |  |  |  | **Preferred Name:** |  |
|  | **First** | **Middle** | **Last** | **Pronouns:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Cell Phone:** |  | **Address:** |  |
| **Alt. Phone:** |  |  |  |

|  |
| --- |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Birthday:** |  | **Check One Statement:** |  | I’d rather not have a birthday celebration in the office. |
|  |  |  | | |
|  |  |  |  | Let’s party! It’s my birthday. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Emergency Contact Information** | | | |
| **Emergency Contact #1** | | **Emergency Contact #2** | |
| Name: |  | Name: |  |
| Relationship: |  | Relationship: |  |
| Phone Number: |  | Phone Number: |  |
| Alt. Phone Number: |  | Alt. Phone Number: |  |

|  |  |  |
| --- | --- | --- |
| **Health Information** | | |
| Allergies: |  | |
|  |  | |
|  | | |
| Known Conditions: | |  |
|  | |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | I do not wish to provide emergency contact information to Glantz Design. | | |
|  | |  |  |
| **Employee Signature** | |  | **Date** |