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# Palouse-Clearwater Environmental Institute



## Personal Information Form

(Please return this along with a copy of your SOCIAL SECURITY CARD and DRIVER'S LICENSE.)

Name \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Position Title and Sponsor Site: \_\_\_\_\_

Circle one:    Full-time (1700 hours)    Half-time (900 hours)    Minimum-time (300 hours)

Term Dates: \_\_\_\_\_

Permanent Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Name of Physician: \_\_\_\_\_

Physician's Phone Number: \_\_\_\_\_

Next of Kin: \_\_\_\_\_

### In Case of Emergency Please Notify:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies and Medical Notes: \_\_\_\_\_

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