



# JOHNSON MOTOR SALES

New Richmond ∞ Menomonie ∞ St. Croix Falls

## Employee Information

### Personal Information

Full Name: \_\_\_\_\_  
*Last* \_\_\_\_\_ *First* \_\_\_\_\_ *M.I.* \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address* \_\_\_\_\_ *Apartment/Unit #* \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Social Security Number or Government ID: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

### Dependent Information

Spouse's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Dependent Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Emergency Contact Information

Full Name: \_\_\_\_\_  
*Last* \_\_\_\_\_ *First* \_\_\_\_\_ *M.I.* \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address* \_\_\_\_\_ *Apartment/Unit #* \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Primary Phone: (\_\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_\_) \_\_\_\_\_

Relationship: \_\_\_\_\_  
Hospital of  
Choice: \_\_\_\_\_

Primary Phone: (\_\_\_\_\_) \_\_\_\_\_ Doctor: \_\_\_\_\_