## JEAN GOTTWALD, FISCAL AGENT

## **EMPLOYEE DATA FORM**

EMPLOYEE CONTACT INFORMATION						
Name:	* ;	.1	1		*	
	First	Middle	Las	t		
Physical Address:						
Street, Apt/Unit #						
	City, State, Zip Code					
Mailing Address:						
(if different)	Street, Apt/Unit # or PO Box					
	City, State, Zip Code					
Dhara # Hamai			Call			
Phone # Home:	-		Cell:			
Email:						
Date of Birth:		Social Security Number:				
Emergency Contact:			1 .			
Emergency contact.	Nam	ne	Pho	one	Relationship	
I want Jean Gottwald, Fiscal Agent to contact me by:						
Phone: ( ) Yes ( ) No Email: ( ) Yes ( ) No Mail: ( ) Yes ( ) No						
Have you ever had your driver's license in any state revoked or suspended? ( ) Yes ( ) No In the past three years, have you had moving violations or motor vehicle accidents? ( ) Yes ( ) No						
If yes, explain:						
Please Read Carefully: Neither the acceptance of the employee paperwork nor entry into any type of employment relationship or employment agreement with a Member/Managing Party for the consideration of employment shall serve to create an actual or implied						
contract of employment with Jean Gottwald, Fiscal Agent.						
		(	- Down on contained in	the employee neparation	ek I understand that	
I authorize investigation of all statements provided to the Member/Managing Party or contained in the employee paperwork. I understand that misrepresentation or omission of facts called for is cause for dismissal at any time without notice. I hereby give the Member/Managing Party						
permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Member/Managing Party from any liability as a result of such contact.						
I understand that employm	nent remains conditional	until the results of the cr	iminal background chec	ck have been received a ecks may be shared witl	nd approved. I also	
understand that the results of the criminal background check or any future criminal background checks may be shared with the approving entity (MCO, county, etc.) and/or the Member/Managing Party I work with.						
Signature of	Annlicant:		·	Date:		