



Team Member Fact Sheet

Please PRINT clearly when completing this document. Check the box that applies:

☐

TEAMSTER

☐

STAGEHAND

☐

WARDROBE

Date: _____

Employee Name: _____

Social Security Number: _____

Birth Date: _____ Gender: (F) _____ (M) _____

Street Address: _____

City / State / Zip Code: _____

Home Phone: _____ Cell Phone: _____

Marital Status: Single _____ Married _____ Email Address: _____

Ethnicity: _____ Hispanic or Latino _____ Caucasian or White
_____ Black or African American _____ Native Hawaiian/Pacific Islander
_____ Asian _____ American Indian
_____ Two or more Races (not Hispanic/Latino)

United States Citizen: Yes _____ No _____ If No, Visa Designation: _____

Emergency Contact Information

Contact Name: _____

Relation to Employee: _____ Telephone Number: _____

Address: _____

City/State/Zip code: _____

