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**Consultant/Employee Information**  
**(Please remember to sign the bottom of the document)**

Name: \_\_\_\_\_  
First Middle Last

Contact Tel #: \_\_\_\_\_  
Home Work Cell

Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Apt # (or) Bldg #  
City State Zip code

Immigration Status: ☐Citizen ☐GC ☐H1-B Other (specify)\_\_\_\_\_

**\*Emergency Contact details:**

\*Name:  
\*Home Tel #:  
\*Work Tel #:  
\*Cell #:  
\*Email:

\* Required Fields

Address for mailing Salary checks (if different then above)

\_\_\_\_\_  
Street Apt # (or) Bldg #  
\_\_\_\_\_  
City State Zip code

Note: If there is any change in this information, please inform us immediately.

Signature

Date: