

Blacksburg Transit Employee Information Form

- New Hire
 Update

Employee # _____

Legal Name _____ **Nickname** _____

DL/CDL # _____ **Expiration Date** _____

Local Address

Permanent Address

Local Phone _____

Cell Phone _____

E-Mail Address _____

EMERGENCY CONTACT #1

Name _____

Relationship _____

Phone _____

EMERGENCY CONTACT #2 (**2 emergency contacts are required**)

Name _____

Relationship _____

Phone _____

Employee Signature _____

Date _____