

LSJE, LLC

6100 Red Hook Quarters Suite B-3 St. Thomas, VI 00802 Tel: [REDACTED] Fax: [REDACTED]

Emergency Contact Form

Date: 04/10/18 Start Date: 05/04/17

Employee Name: James Cesar

Address: [REDACTED] Date of Birth: [REDACTED]

Phone: [REDACTED] Cell: [REDACTED] E-Mail: [REDACTED]

Title / Position: Carpenter Marital Status: [REDACTED] License: [REDACTED]

Emergency Information: [REDACTED]

Allergies or Health Conditions: [REDACTED]

Blood Type:

Current Medication:

Doctor's Name: [REDACTED] Phone: [REDACTED]

Doctor's Name: [REDACTED] Phone: [REDACTED]

In case of an Emergency, Please contact:

Name	Relationship	Phone
Wisner Piern		[REDACTED]
Alfred Piern	Relationship	[REDACTED]

This Information is for your safety and the safety of others

CONFIDENTIAL