

LSJE, LLC

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

SDNY_GM_00169387

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: _____

E-Mail: [REDACTED]

Title / Position: Carpenter

Marital Status: [REDACTED]

License:

Emergency Information:

Allergies or Health Concerns: No [REDACTED] specified

Blood Type:

Current Medication:

Doctor's Name: _____ Phone: _____

Doctor's Name: _____ Phone: _____

In case of an Emergency, Please contact :

Name Wisner Piern Relationship _____ Phone [REDACTED]

Name Alfred Piern Relationship _____ Phone [REDACTED]

This Information is for your safety and the safety of others

CONFIDENTIAL