

RE-HIRE SHEET SOLDIER MOUNTAIN, LLC

This Memo acts as authorization to place the following employee on payroll

Social Security Number: _____

Name (Last, First): _____

Address(Mailing): _____

Home Phone: _____ Cell Phone: _____

Sex (M/F): _____ Email Address: _____

Date of Birth: _____

Emergency Contact Form for Soldier Mountain, LLC.

Employee Name (Last,First): _____

In Case of Emergency, Contact:

#1 Name: _____ Home Phone: _____

Relationship: _____ Cell Phone: _____

Address: _____ Work Phone: _____

#2 Name: _____ Home Phone: _____

Relationship: _____ Cell Phone: _____

Address: _____ Work Phone: _____