



Employee Profile Data Form

The following information is for the purpose of completing required documentation as part of your in processing with C2G Ltd. Please print legible!

Last _____ First _____ Middle _____ Suffix _____	
Current Address: _____	
City: _____	State: _____ Zip Code: _____
Email Address: _____	
Date of Birth: Month _____/Day_____/Year_____ AGE: _____	
Place of Birth: City: _____ State: _____ Country: _____	
Social Security Number: _____ Marital Status: S / M / D / W (Circle)	
Height: _____ (In Inches)	Weight: _____ Blood Type: _____
Eye Color _____	Hair Color _____
Next of Kin (NOK): _____ (Full Name); Relationship: _____	
Stateside Address: _____ _____	
Stateside Phone #: _____ Cell # _____	
Email Address: _____	
<u>Emergency Contact Information:</u> (Who do you want contacted in case of emergency)	
Name: Last _____ First _____ MI _____	
Address: _____	
Stateside Phone #: _____ Cell # _____	