

LSJE, LLC

6100 Red Hook Quarters Suite B-3 St. Thomas, VI 00802 Tel: 340-775-8100 Fax: 340-775-8108

Emergency Contact Form

Date: 03/16/18

Start Date: _____

Employee Name: Justina de la Cruz

Address: [REDACTED]

Date of Birth: [REDACTED]

Phone: _____

Cell: [REDACTED]

E-Mail: _____

Title / Position: Housekeeper

Marital Status: Married

License: [REDACTED]

Emergency Information:

Allergies or Health Concerns: NA

Blood Type: [REDACTED]

Current Medication: _____

Doctor's Name: _____ Phone: _____

Doctor's Name: _____ Phone: _____

In case of an Emergency, Please contact :

Name Feliz de la Cruz Relationship Husband Phone [REDACTED]

Name Bembenido Gedeno Relationship Brother Phone [REDACTED]

This Information is for your safety and the safety of others