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: E-Mail: [redacted]

Title / Position: Carpenter Marital Status: Married License:

Emergency Information:

Allergies or Health Conditions: [illegible] 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 Afred Piern Relationship Phone

This Information is for your safety and the safety of others

CONFIDENTIAL

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