

**LANDAIR SURVEYING
EMPLOYEE INFORMATION FORM**

Name: _____

Street address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Emergency phone: _____

Emergency contact: _____ Relationship: _____

Birth date: _____ SSN: _____

Marital status: _____ Name of spouse: _____

Driver's License #: _____ State: _____

Pay rate: _____

Please include a copy of your

- *Resume*
- *Social Security Card*
- *Driver's License.*

Fax or Email this form along with the items above

Fax: (770) 730-0667

Email: info@landairsurveying.com