

# MUIRFIELD ASSOCIATION, INC

## EMPLOYEE INFORMATION FORM

Name as it appears on W-2: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Payroll Deduction Information

What County do you live in? Franklin \_\_\_\_\_ Delaware \_\_\_\_\_ Union \_\_\_\_\_ Other \_\_\_\_\_

What school district do you live in? \_\_\_\_\_

What is the taxing City that you live in? \_\_\_\_\_

(Note: You must live within the city's corporation limit for it to be considered your taxing city)

### In Case of Emergency

Name of person to notify: \_\_\_\_\_

1<sup>st</sup> Phone: \_\_\_\_\_ 2<sup>nd</sup> Phone: \_\_\_\_\_

### Preferred:

	Name	Location
Hospital		
Doctor		
Doctor		
Dentist		
Urgent Care Facility		
Other		

Do you have any allergies or defects that should be made known? If so, please list them.

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