



LAMPTON-LOVE, INC.

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Employee Data Sheet

LOCATION:

DOE:

SSN:

FIRST NAME:

MIDDLE NAME:

LAST NAME:

JOB TITLE:

ADDRESS:

DOB:

DRIVER LICENSE NUMBER:

ENDORSEMENT:

DRIVER LICENSE EXPIRATION DATE:

DRIVER LICENSE STATE:

FULL TIME/PART TIME:

DOT PHYSICAL EXPIRATION DATE:

DOT HMR EXPIRATION DATE:
