

Employee Contact Form

Please complete this form and submit

Troy Valenzuela

600174237

Employee Legal Name (First, Last)

10/10/90

Social Security Number

109 W Hatfield Street, 85706

Date of Birth

troy@xscad.de

Address (Line 1)

Personal Email Address

520 - 780 8796

Address (Line 2)

Personal Phone Number

Connie Valenzuela (Not to be contacted outside of emergency)

Mother

Emergency Contact Name

520-404-0342

Relationship

N/A

Emergency Contact Phone

Email

3/13/24

Employee Signature

Date

Manager to fill out below

Start Date of employment

Employment Type (Salaried, Hourly)