

ATLANTIC INDUSTRIES

8900 Old Route 13 ~ P.O. Box 129

Tullytown, PA 19007

WORKER COMPENSATION INSURANCE INFORMATION FORM **& EMERGENCY CONTACT INFORMATION**

Last Name: _____

First Name: _____

Middle Name: _____

Social Security Number: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home phone number: () _____

Date of Birth: ____ / ____ / ____

Date Hired: ____ / ____ / ____

Number of children: _____

Number of children under 18 years of age: _____

Emergency Contact Information

1st person to notify in an emergency: _____

Relationship to that person: _____

Phone number: _____

2nd person to notify in an emergency: _____

Relationship to that person: _____

Phone number: _____