



**New Employee Information**

Full legal name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Preferred name (if any): \_\_\_\_\_

Email: \_\_\_\_\_

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

City: \_\_\_\_\_ NJ: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\_\_\_\_\_

Venmo, Zelle, or Cash App username: \_\_\_\_\_

\_\_\_\_\_

**Certifications and trainings**

Degree: \_\_\_\_\_

CPR: \_\_\_\_\_ Valid through date \_\_\_\_\_

*Other relevant certifications and trainings completed:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact Information**

Emergency contact: \_\_\_\_\_ Phone number: \_\_\_\_\_

Relationship to individual: \_\_\_\_\_

**Travel and Availability**

What areas are you willing to travel to when working with Legacy clients?

**Availability:**

	Mon	Tues	Wed	Thu	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

List any dates that you anticipate not being able to work (vacations, prior commitments/appointments):

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