



Southland Utility Services, Inc.  
PO BOX 1387  
DEFUNIAK SPRINGS, FL 32435  
850/951-0070

## Employee Information Form

Employee Name: \_\_\_\_\_

Address (PO Box or Street): \_\_\_\_\_

City, State, & Zip Code: \_\_\_\_\_

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

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

Who should we contact in case of an emergency?

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address (PO Box or Street): \_\_\_\_\_

City, State, & Zip Code: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_

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

\_\_\_\_\_  
Print Employee Name

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date