



## Public Safety Health and Wellness

### Demographic Sheet

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

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

Work Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

How do you want to be contacted: \_\_\_\_\_

Full-time employer: \_\_\_\_\_ Unit Day: \_\_\_\_\_

List all part-time employers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List if you are in an USAR or Hazmat Team:

\_\_\_\_\_

\_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Provide number: \_\_\_\_\_