

Redmond IHC Employee Data Form

Name:	
Phone Numbers:	Work: Cell:
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Work Mailing Address:	Street: City, State, Zip:
Home Mailing Address:	Street: City, State, Zip:
Work Email Address:	
Personal Email Address:	
Working Title & Grade:	
Agency & Home Unit:	

Direct Supervisor Name & Title:	
Supervisor Mailing Address:	Street: City, State, Zip:
Supervisor Phone Numbers:	Work: Cell:

Home Unit Office Assistant - Time & Attendance:	Name: Phone: Fax:
Home Unit Office Assistant - Travel	Name: Phone: Fax:

Drivers License:	
CDL Permit:	Class A: Class B:
Endorsements:	Combination: Air Brakes: Passenger:

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	Tank:
Saw Certification:	Type: Exp. Date:
EMT – First Aid:	EMT: Exp. Date: First Responder: Exp. Date: First Aid/CPR: Exp. Date: Other:

T-Shirt Size:	
Sweatshirt Size:	
Height (Feet, Inches):	
Weight (Including Boots):	
Sex:	

If you have any questions, please call:

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