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| **Personal Datasheet** | | | | | | | | | | | | | | | | | | | | |
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| **[COMPANY NAME WITH LOGO]** | | | | | | | |  | | | |  | | | | | |  | | | |  | | |
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| **Personal Information** | | | | | |  | | |  | | | |  | | | | | |  | | | |  | | |
| Name: |  | | | | | | | | | | | | | | | | | | | |
| Address: |  | | | | | | | | | | | | | | | | | | | |
| Phone No.: |  | | | | | | | | | | | | | | | | | | | |
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| **Name, address, and phone number of person to be notified in case of accident or illness:** | | | | | | | | | | | | | | | | | | | | |
| Name: |  | | | | | | | | | | | | | | | | | | | |
| Address: |  | | | | | | | | | | | | | | | | | | | |
| Phone No.: |  | | | | | | | | | | | | | | | | | | | |
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| **Education Qualification** | | | | | |  | | |  | | | |  | | | | | |  | | | |  | | |
| Expected Degree: | | |  | | | | | | | | | | | | | | | | | |
| Anticipated year of graduation: | | |  | | | | | | | | | | | | | | | | | |
| Prior degrees obtained: | | |  | | | | | | | | | | | | | | | | | |
| Foreign languages read: | | |  | | | | | | | | | | | | | | | | | |
| Do you hold a current CPR certification card? | | | | | | | |  | | | ☐ Yes | | | | | ☐ No | | | | | |  | | |
| Date of expiration: | | |  | | | | | | | | | | | | | | | | | |
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| **Health Information** | | | | | |  | | |  | | | |  | | | | | |  | | | |  | | |
| Are you currently covered under any health insurance? | | | | | | | | | | | | ☐ Yes | | | | | ☐ No | | | | |  | | |
| If yes, name of company | | | | | |  | | |  | | | |  | | | | | |  | | | |  | | |
| Group # | | | |  | | | | Subscriber # | | | | | | |  | | | | | |
| Pertinent Health Information/conditions: | | | | | | | |  | | | |  | | | | | |  | | | |  | | |
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| **Previous Work/ Volunteer Experience:** | | | | | | | | | | | |  | | | | | |  | | | |  | | |
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| **Personal Profile** | | | | |  | |  | | |  | | | |  | | | | | |  | | | |  | | |
| Strengths: | |  | | | | | | | | | | | | | | | | | | |
| Areas of growth: | |  | | | | | | | | | | | | | | | | | | |
| Special skills or interests: | |  | | | | | | | | | | | | | | | | | | |