\bigcirc	VFIS. A Division of Glatfelter Insurance Group

Middle In.

Last Name

First Name

Personnel File

(Attach Photo Here)

Address:						
City/Town:			State:	Zip:		
Telephone #: (Home)			(Business)			
Employer:						
City/Town:						
Social Security No.: _		D	river License No.: _			
Married:	Year:	Year: Spouse's Name:				
Dependents:Name		DOB	Name	DOB		
	Name	DOB	Name	DOB		
Date Joined Dept.: Date Te		_ Date Terminated:	Re	Reason:		
Include Beneficiary	Forms In File.					
		Equipment Issue				
Item		Ser. # or Size	Date Iss	. Date Ret.		

Offices Held

From - To	Remarks	Ву
	From - To	From - To Remarks

Individual Training Record

Name:				Rank:			
Date	Subject	Location	Instructor	Hours Theory	Hours Skill	Sub- Total	Yearly Total