

CENSUS FOR : _____
 (Company name)

TYPE OF BUSINESS: _____

ADDRESS: _____

COUNTY: _____

PHONE: _____

YEARS IN BUSINESS: _____

	Name of Employee	Employee's Age	Employee's Gender	Marital Status & Number of Dependent Children	Known Medical Conditions
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

After completion, please FAX to:

Consolidated Services Inc. 816-524-5199
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