



Employee Enrollment Form

Business Name: _____

Business Address: _____

Business Phone: _____

Business Website: _____

Owner or General Manager: _____

Email: _____

Cell: _____

Employee Information

Name: _____

Address: _____

Position: _____

Status: Full Time _____

Part Time _____

Lucas Howard Group Contact for questions:

Mary Pereira, Executive Assistant

mary@lucashowardgroup.com

Please fill out below for additional employees

Name: _____

Address: _____

Position: _____

Status: Full Time _____ Part Time _____

Name: _____

Address: _____

Position: _____

Status: Full Time _____ Part Time _____

Name: _____

Address: _____

Position: _____

Status: Full Time _____ Part Time _____

Name: _____

Address: _____

Position: _____

Status: Full Time _____ Part Time _____

Name: _____

Address: _____

Position: _____

Status: Full Time _____ Part Time _____

Name: _____

Address: _____

Position: _____

Status: Full Time _____ Part Time _____

Name: _____

Address: _____

Position: _____

Status: Full Time _____ Part Time _____

Name: _____

Address: _____

Position: _____

Status: Full Time _____ Part Time _____

Name: _____

Address: _____

Position: _____

Status: Full Time _____ Part Time _____

Name: _____

Address: _____

Position: _____

Status: Full Time _____ Part Time _____

Name: _____

Address: _____

Position: _____

Status: Full Time _____ Part Time _____

Name: _____

Address: _____

Position: _____

Status: Full Time _____ Part Time _____