

Employee Roster

Business Name:

Date:

Business Address:

Manager: 5.28.50(32) CMC A Manager shall be on the premises at all times the massage establishment is open

Name:		
Home Address:		
CAMTC Cert ID:	Age:	Height:
Nickname/Alias:	Gender:	Weight:
Date of Birth:	Phone #:	Eye Color:
Date of Employment:		Hair Color:

Employees:

Name:		
Home Address:		
CAMTC Cert ID:	Age:	Height:
Nickname/Alias:	Gender:	Weight:
Date of Birth:	Phone #:	Eye Color:
Date of Employment:		Hair Color:

Name:		
Home Address:		
CAMTC Cert ID:	Age:	Height:
Nickname/Alias:	Gender:	Weight:
Date of Birth:	Phone #:	Eye Color:
Date of Employment:		Hair Color:

Name:		
Home Address:		
CAMTC Cert ID:	Age:	Height:
Nickname/Alias:	Gender:	Weight:
Date of Birth:	Phone #:	Eye Color:
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