

# EMPLOYEE EMERGENCY INFORMATION

*Information is CONFIDENTIAL*

Employee's Name:

(Last)

(First)

(Middle)

Home Address:

(Street or P.O. Box)

(City)

(State)

(Zip Code)

Home Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Department: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **EMERGENCY CONTACT PERSON:**

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Home Address:

(Street or P.O. Box)

(City)

(State)

(Zip Code)

Work Address:

(Name of Company or Business)

(Street or P.O. Box)

(City)

(State)

(Zip Code)

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_

## **SECOND EMERGENCY CONTACT PERSON:**

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Home Address:

(Street or P.O. Box)

(City)

(State)

(Zip Code)

Work Address:

(Name of Company or Business)

(Street or P.O. Box)

(City)

(State)

(Zip Code)

Telephone: Home: \_\_\_\_\_

Work:

Cell: \_\_\_\_\_