

Employee Information and Emergency Contact Information



This information is kept in your Human Resources file in the event that an emergency occurs while you are at work. Please keep all of this information up to date.

I am: A new employee - Fill out all information
Updating Information - Fill in your name and only the information that changed

Personal Information

First Name	_____	Last Name	_____
Employee ID# <i>Last 6 digits of SSN</i>	_____	Department	_____
Home Phone#	_____	Cell Phone#	_____
Physical Address	_____		
City	State	Zip	

Mailing address cannot be left blank. If different from Physical Address, fill it out completely. If not different, indicate "same".

Mailing Address	_____		
City	State	Zip	

Emergency Contact Information

Contact #1 Full Name	_____	Relationship	_____
Work Phone#	_____	Employer	_____
Home Phone#	_____	Cell Phone#	_____
Mailing Address	_____		
City	State	Zip	

Contact #2 Full Name	_____	Relationship	_____
Work Phone#	_____	Employer	_____
Home Phone#	_____	Cell Phone#	_____
Mailing Address	_____		
City	State	Zip	

Employee Signature	_____	Date	_____
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For Human Resources Only

Entered By	_____	Entered Date	_____
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