Human Resources Department

Emergency Contact Information

The following information will be kept in your file to be used in case of an emergency.

Employee

Full Name: _____

      Last   *First*   *M.I.*

Title: _____Department_____

Primary Contact

Full Name: _____

      Last   *First*   *M.I.*

Address: _____

      Street Address   *Apartment/Unit #*

_____

      City   *State*   *ZIP Code*

Mobile Phone: _____ Alternate Phone: _____

Relationship: _____

Secondary Contact

Full Name: _____

      Last   *First*   *M.I.*

Address: _____

      Street Address   *Apartment/Unit #*

_____

      City   *State*   *ZIP Code*

Mobile Phone: _____ Alternate Phone: _____

Relationship: _____

(If you have more than two choices you may list additional information on the reverse side of this sheet).