



Emergency Contact Information Form

Name:

Date of Hire: / / .

In the event of an emergency, please contact:

Primary Contact: _____

Relationship: _____

Daytime Phone: () - ext. _____

Evening Phone: () - ext. _____

Alternative Contact: _____

Relationship: _____

Daytime Phone: () - ext. _____

Evening Phone: () - ext. _____

(Employee Signature)

/ / .
Date

For Office Use Only

Received By: _____

Date: _____