

EMPLOYEE EMERGENCY CONTACT INFORMATION

NAME:	Last Name	First Name	Middle Name	Suffix		
	Department	Full Time / Part Time	# Of Dependents			
ADDRESS:	House Number	Street Name		Apartment, Floor, Lot number		
	City		State	Zip code		
PHONE NUMBER:	Home Phone #	Work Phone #	Pager #			
	Social Security Number		Race	Gender		Date of Birth
Contact Info:	Date Hired	Date Sworn (Law Enforcement Only)				
	Emergency Contact Name			Contact Address		
	Contact's Work Phone #	Contact's Home Phone #	Contact's Pager #	Employee's Relation to Contact		
			Contact's Cell #			
	Employee's Medical Alert Info:					
Employee Signature: _____				THIS FORM IS FOR PERSONNEL OFFICE USE ONLY		