



Emergency Contact Information

Please provide your emergency contact information below. This information will be kept confidential in your employee file.

- Please print legibly all requested information below.
- For the two emergency contacts, if possible, please provide at least one contact out of state or outside the Bay Area.
- Please sign and date the completed form.
- If your contact information changes, please complete a new Emergency Contact information form.

EMPLOYEE INFORMATION:

Employee Name: _____
Home Street Address (Include Apt #): _____
City, State, Zip Code: _____

Work Extension no.: _____
Home Phone no.: _____
Cell Phone no.: _____

EMERGENCY CONTACT INFORMATION:

1 Name of Contact: First Name: _____ Last Name: _____
Relationship to Employee: _____
City/State: _____
Home Phone no.: _____
Cell Phone no.: _____
Work Phone no.: _____

2 Name of Contact: First Name: _____ Last Name: _____
Relationship to Employee: _____
City/State: _____
Home Phone no.: _____
Cell Phone no.: _____
Work Phone no.: _____