

New Hire Emergency Contact Information Form

Please complete the information below. This form is for emergency contact purposes and will be kept on file in the Human Resources department.

Employee Information

Full Name:
Employee ID (if applicable):
Personal Phone Number:
Department/Job Title:

Primary Emergency Contact

Contact Name:
Relationship to Employee:
Primary Phone Number:
Alternate Phone Number:
Email Address:
Home Address:

Secondary Emergency Contact

Contact Name:
Relationship to Employee:
Primary Phone Number:
Alternate Phone Number:
Email Address:
Home Address:

Medical Information (Optional)

Please list any medical conditions, allergies, or other information emergency responders should be aware of:

Medical Notes:

Signatures

By signing below, I verify that the information provided is accurate and up to date.

Employee Signature: Date: