



EMPLOYEE AND EMERGENCY CONTACT INFORMATION FORM

EMPLOYEE NAME: _____ DATE: _____

PROGRAM/WORK LOCATION: _____

HOME ADDRESS: _____

BEST CONTACT NUMBER FOR YOU (EMPLOYEE):

_____ (___ HOME ___ CELL)

ALTERNATE CONTACT NUMBER FOR YOU (EMPLOYEE):

_____ (___ HOME ___ CELL ___ OTHER)

BEST E-MAIL CONTACT ADDRESS FOR YOU (EMPLOYEE):

IN CASE OF AN EMERGENCY PLEASE CONTACT:

PRIMARY EMERGENCY CONTACT NAME: _____

RELATIONSHIP TO EMPLOYEE: _____

PRIMARY EMERGENCY CONTACT ADDRESS: _____

BEST # TO REACH EMERG. CONTACT: _____ (___ HOME ___ CELL ___ WORK)

ALTERNATE NUMBER AND/OR E-MAIL ADDRESS FOR EMERGENCY CONTACT:

_____ (___ HOME ___ CELL ___ WORK) E-MAIL: _____

2ND EMERGENCY CONTACT

NAME: _____ RELATIONSHIP TO EMPLOYEE _____

BEST #(s) TO REACH 2nd EMERGENCY CONTACT: _____

I, _____, understand that by providing emergency contact information I am authorizing Eden II to contact any of the above individuals if there is ever an emergency or perceived emergency during the course of my employment.

Please reach out to HR anytime you would like to change your emergency contact information, or have a change in address or personal contact info. Thank you!