



## Employee Emergency Contact Information

Employee Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: Home (631) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

### IN CASE OF EMERGENCY

Primary Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: Home (631) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Work Phone Number: Cell (\_\_\_\_) \_\_\_\_\_

Secondary Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: Home (631) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Work Phone Number: Cell (\_\_\_\_) \_\_\_\_\_