EMPLOYEE CONTACT INFORMATION

EMPLOYEE INFORMATION

HR Use only Personnel No.

MARITAL STATUS: ☐ SINGLE ☐ MARRIED

NAME *(Last Name, First Name)*: _____

HOME STREET ADDRESS: _____

CITY, STATE, ZIP CODE: _____

PRIMARY TELEPHONE NUMBER: _____ Check one: ☐ HOME ☐ MOBILE ☐ WORK

SECONDARY TELEPHONE NUMBER: _____ Check one: ☐ HOME ☐ MOBILE ☐ WORK

PERSONAL EMAIL ADDRESS: _____

PRIMARY EMERGENCY CONTACT

NAME: _____ RELATIONSHIP: _____

HOME STREET ADDRESS: _____

CITY, STATE, ZIP CODE: _____

PRIMARY TELEPHONE NUMBER: _____ Check one: ☐ HOME ☐ MOBILE ☐ WORK

SECONDARY TELEPHONE NUMBER: _____ Check one: ☐ HOME ☐ MOBILE ☐ WORK

EMAIL ADDRESS: _____

SECONDARY EMERGENCY CONTACT

NAME: _____ RELATIONSHIP: _____

HOME STREET ADDRESS: _____

CITY, STATE, ZIP CODE: _____

PRIMARY TELEPHONE NUMBER: _____ Check one: ☐ HOME ☐ MOBILE ☐ WORK

SECONDARY TELEPHONE NUMBER: _____ Check one: ☐ HOME ☐ MOBILE ☐ WORK

EMAIL ADDRESS: _____

_____ EMPLOYEE SIGNATURE

_____ DATE

Employee Annual Review: Initial and Date confirming you reviewed your contact information, and have no updates to make.

Initials:										
Date:										