

EMERGENCY INFORMATION FORM

IMPORTANT PLEASE NOTE: TO INSURE PROPER IDENTIFICATION, YOU MUST PRINT YOUR NAME EXACTLY AS SHOWN ON YOUR SOCIAL SECURITY CARD.

EMPLOYEE INFORMATION

NAME:	LAST	FIRST	MIDDLE
ADDRESS:	NUMBER	STREET	
	CITY	STATE	ZIP CODE
SOCIAL SECURITY NUMBER		TELEPHONE NUMBER	
PLACE OF BIRTH: CITY _____ STATE _____	DATE OF BIRTH: ____/____/____	GENDER: ☐ MALE ☐ FEMALE	MARITAL STATUS: ☐ SINGLE ☐ MARRIED ☐ WIDOW/ER
POSITION/JOB TITLE:		WORK LOCATION:	
CHECK APPROPRIATE BOX:	☐ AMERICAN INDIAN	☐ HAWAIIAN	☐ CHINESE
	☐ BLACK	☐ GUAMANIAN	☐ FILIPINO
	☐ CAUCASIAN	☐ Samoan	☐ JAPANESE
	☐ OTHER: _____		☐ DECLINE TO STATE
	☐ PACIFIC ISLANDER	☐ ASIAN	☐ KOREAN
		☐ VIETNAMESE	☐ LATINO/HISPANIC
		☐ INDIAN	☐ CENTRAL AMERICAN
			☐ Mexican
			☐ South American

NEAREST LIVING RELATIVE

NAME:	LAST	FIRST	MIDDLE
RELATIONSHIP:		HOME/CEL PHONE #	WORK PHONE #

IN CASE OF EMERGENCY NOTIFY

NAME:	LAST	FIRST	MIDDLE
RELATIONSHIP:		HOME/CEL PHONE #	WORK PHONE #

EMPLOYEE'S SIGNATURE:

DATE: ____/____/____

TO KEEP YOUR PERSONAL INFORMATION UPDATED, THIS FORM IS AVAILABLE AT ANY TIME

RETURN TO THE CLASSIFIED PERSONNEL OFFICE WHEN COMPLETED.