EMPLOYEE DATA/EMERGENCY CONTACT FORM

To ensure that the information in your personnel file and the city's emergency protocols is correct please complete and return to the Human Resources Office. PRINT CLEARLY

Name		
(Last)	(First) Immediate Supervisor	(MI)
Usual Work Site		
Personal Contact Info:		
Home Address	City	ZIP
Home Telephone #		
Cell Phone #	Cell Phone Provider	
Home e-mail address		
Work e-mail address		
Spouse's e-mail address		
Emergency Contact Info: Please	list two people (in priority order) who may be co	ntacted in case of an emergency.
(1)Name	Relationship	
Address		
City, State, ZIP		
Home Telephone #	Cell phone #	
Work Telephone #	Employer	
E-Mail Address		
(2) Name	Relationship	
		•
	Cell phone #	
Work Telephone #	Employer	
E-Mail Address		
I have voluntarily provide It's representatives to contact any o	ed the above contact information and authorized the above on my behalf in the event of an o	te the City of Parma and emergency.
		Date
I have chosen not to furnish any en	nergency contact information to the City of F	arma at this time.
Employee Signature	Tor.	Date