



EFFECTIVE DATE: \_\_\_\_\_

EMPLOYEE IDENTIFICATION #: \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_

EMPLOYEE HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: CO ZIP CODE: \_\_\_\_\_

EMPLOYEE PRIMARY CONTACT NUMBER: (\_\_\_\_) \_\_\_\_\_

EMPLOYEE SECONDARY CONTACT NUMBER: (\_\_\_\_) \_\_\_\_\_

EMPLOYEE ETHNICITY: \_\_\_\_\_

**TO BE NOTIFIED IN CASE OF EMERGENCY:**

PRIMARY EMERGENCY CONTACT NAME(S): \_\_\_\_\_

RELATIONSHIP TO YOU: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EMERGENCY CONTACT PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

EMERGENCY CONTACT ALTERNATE PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

SECONDARY EMERGENCY CONTACT NAME: \_\_\_\_\_

RELATIONSHIP TO YOU: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EMERGENCY CONTACT PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

EMERGENCY CONTACT ALTERNATE PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date