

EMPLOYEE INFORMATION & EMERGENCY NOTIFICATION UPDATE FORM

NAME: _____
(FIRST) (LAST) (MIDDLE) (SUFFIX)

STREET ADDRESS: _____ APT. # _____

CITY: _____ ZIP: _____ STATE: _____

HOME PHONE: _____ CELL PHONE _____ CELL CARRIER _____

MARITAL STATUS: _____ RACE: _____
If there is a change in marital status additional forms may be required to update your pension, medical, credit union, etc. Please direct a memo to Human Resources at City Hall and the appropriate forms will be forwarded to you.

LANGUAGES: _____ EDUCATION LEVEL: _____

ALL PERSON (S) TO BE CONTACTED IN ORDER LISTED:

NAME: _____ RELATIONSHIP: _____
STREET ADDRESS: _____ CITY, STATE, ZIP: _____
HOME PHONE: _____ WORK PHONE: _____

NAME: _____ RELATIONSHIP: _____
STREET ADDRESS: _____ CITY, STATE, ZIP: _____
HOME PHONE: _____ WORK PHONE: _____

NAME: _____ RELATIONSHIP: _____
STREET ADDRESS: _____ CITY, STATE, ZIP: _____
HOME PHONE: _____ WORK PHONE: _____

FOR ADDITIONAL CONTACTS CHECK BOX AND ATTACH ADDITIONAL FORM

CLERGYMAN TO BE CONTACTED:

NAME: _____ DENOMINATION: _____
CHURCH/SYNAGOGUE ADDRESS: _____

HOME ADDRESS: _____ HOME PHONE: _____ WORK PHONE: _____

BLOOD TYPE: _____ ADDITIONAL MEDICAL INFORMATION: (allergies, prescription medications, etc.)

SPECIAL INSTRUCTIONS: _____

SIGNATURE: _____ DATE: _____