



# EMPLOYEE EMERGENCY CONTACT INFORMATION

New Employee

Volunteer/Intern/Temp

Update (check all that apply):  Name  Address  Phone Number(s)  Emergency Contact

**NAME** \_\_\_\_\_  
(last) (first) (middle initial)

\*Previous name (if applicable) \_\_\_\_\_

DOB \_\_\_\_\_ Gender: \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

I give CDPH permission to text the cell number provided in case of an emergency

E-mail address: \_\_\_\_\_

**EMERGENCY CONTACT** \_\_\_\_\_ ; RELATIONSHIP TO YOU \_\_\_\_\_  
(name)

PRIMARY ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ TYPE PHONE \_\_\_\_\_ (ie. Cell, Beep, Work)

ALTERNATE PHONES (\_\_\_\_) \_\_\_\_\_ TYPE PHONE \_\_\_\_\_ (ie. Cell, Beep, Work)

*Please check one in each group:*

Ethnic Group (optional)

Marital Status (optional)

Enrolled in (check all that apply)

- American Indian
- Asian
- African-American
- Hispanic
- Multiracial
- White

- Divorced
- Married
- Separated
- Single
- Widowed

- Health Benefits
- Credit Union
- Deferred Comp / 401k

**NOTE:** Name changes require appropriate documentation: Marriage Certificate or Divorce Decree and Social Security Card

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For the Office of Human Resources Use

Systems Updated: (check when complete)

- \_\_\_ Munis Personnel/Payroll
- \_\_\_ Personnel/Confidential
- \_\_\_ IT Department
- \_\_\_ People Soft

- \_\_\_ ReadyOp
- \_\_\_ ID Badge
- \_\_\_ ORG Chart