Employee Personal & Emergency Contact Information

EMPLOYEE INFORMATION

Employee Name:	First	Middle	Last
Date of Birth:	Gender: ☐Female ☐Male	Social Security Number:	
Highest Level of Education:	Marital Status: ☐Single ☐Married ☐Divorced ☐Widowed		
Street Address:		County:	
Address 2:	City:	State:	Zip Code:

Note: If mailing address is different from home address, complete information below (Also requires payroll entry).

Mailing Address:		
City:	State:	Zip Code:
Home Phone:	Cell Phone:	Other Phone:
Personal Email Address:		

Ethnic Group: ☐Am. Indian ☐Asian ☐Black ☐Hispanic ☐Multiracial ☐Hawaii/Pac ☐White

EMERGENCY CONTACT INFORMATION

Designate two individuals to be contacted in the event of an emergency

Primary Contact:		Relationship:
Street Address:		
City:	State:	Zip Code:
Home Phone:	Work Phone:	Cell Phone:
Secondary Contact:		Relationship:
Street Address:		
City:	State:	Zip Code:
Home Phone:	Work Phone:	Cell Phone:

EMERGENCY PLANNING

To effectively plan for a potential staffing crisis due to a disaster, pandemic, or other crisis, please provide the information below. Under certain circumstances resources may be provided to accommodate essential staff and immediate family members at the facility during a crisis.

Household size: Number of adults: _____ Number of dependent children: _____

I may have difficulty because:

☐ I have dependent child/children.
- ☐ There are no other adult family members to provide this
- ☐ care. Both parents work for GVRA.
- ☐ I will need help with establishing alternate care arrangements.

☐ I provide care for an immediate relative who cannot care for him or herself on a routine basis.
- ☐ There are no other adult family members to provide this care.
- ☐ This person would not otherwise qualify for a special needs shelter.
- ☐ I will need help with establishing alternate care arrangements.

☐ I have pets that may require care. ☐ I have no known issues at this time.

Employee Signature _____ Date _____ Manager/Supervisor Signature _____ Date _____

Please contact Human Resources to update any personal information changes.

This completed form is to be maintained in the official personnel file.