

# EMPLOYEE & EMERGENCY CONTACT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

SLC Employee #: \_\_\_\_\_

## **PERSONAL Contact Info:**

Home Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Cell #: \_\_\_\_\_ Alternate Cell #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Alternate E-mail: \_\_\_\_\_

## **EMERGENCY Contact Info:**

(1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone#: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

(2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone#: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

I have voluntarily provided the above contact information and authorize St. Lawrence County and its representatives to contact any of the above on my behalf in the event of an emergency.

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