Employee's Emergency Contact
Please complete and return to Store Manager

17 and younger fill out this part only

Employee Name*

Date of Birth*

Parent/Guardian Name if employee is under 18*

Parent/Guardian Name if employee is under 18*

Cell Phone*   Work Phone*

Cell Phone*   Work Phone*

Relationship to Employee*

Relationship to Employee*

Address

Address

City, ST ZIP Code

City, ST ZIP Code

18 and older fill out this part only

Employee Name*

Primary Emergency Contact*

Secondary Emergency Contact*

Cell Phone*   Work Phone*

Cell Phone*   Work Phone*

Relationship to Employee*

Relationship to Employee*

Address

Address

City, ST ZIP Code

City, ST ZIP Code

* Must be filled out