

EMPLOYEE EMERGENCY CONTACT INFORMATION

Please fill out this form completely and accurately.

This data will help take care of you, your family and friends in the case of an emergency.

Thank you for your attention to detail on this form.

If you have any questions, please contact Human Resources at 262-636-9175.

PERSONAL INFORMATION

*Fill in ALL blanks

Employee Number		
Last Name	First Name	Middle Name
Home Address		
City	State	Zip Code
Phone Number	Email Address	
()		

CONTACT INFORMATION

Family or friends you would like us to contact in case of emergency.

Please print clearly.

Contact #1- First & Last Name		Relationship (ex. Spouse, Parent, Sibling, Friend etc.)
Home Address		
City	State	Zip Code
Type (ex. Cell, Work, Home)		Phone Number
		()
		()
Contact #2- First & Last Name		Relationship (ex. Spouse, Parent, Sibling, Friend etc.)
Home Address		
City	State	Zip Code
Type (ex. Cell, Work, Home)		Phone Number
		()
		()