

Employee Emergency Contact Form

Personal Contact Information

Name: _____

Position: _____

Home Address: _____

City, State, ZIP: _____

Home Number: _____ - _____ - _____ Cell Number: _____ - _____ - _____

Emergency Contact Information

Name: _____ Relationship: _____

Address: _____

City, State, ZIP: _____

Home Number: _____ - _____ - _____ Cell Number _____ - _____ - _____

Work Number: _____ - _____ - _____ Employer: _____

Name: _____ Relationship: _____

Address: _____

City, State, ZIP: _____

Home Number: _____ - _____ - _____ Cell Number _____ - _____ - _____

Work Number: _____ - _____ - _____ Employer: _____

_____ I have voluntarily provided the above contact information and authorize Berg Construction, LLC to contact any of the above on my behalf in the event of an emergency.

_____ I choose not to furnish any emergency contact information to Berg Construction, LLC at this time.

Employee Signature: _____ Date: _____