

Employee Form

Use this form to record information about all employees, including the business owner, so that each person can be contacted at any time. Duplicate this form for each employee.

Updated: _____

Next review date: _____

General information

Employee name: _____

Position/title: _____

Home address: _____

City, State, ZIP code: _____

Office phone: _____

Ext. _____

Alternate phone: _____

Home phone: _____

Mobile phone: _____

Office email: _____

Home email: _____

Special requirements: _____

Certifications

First aid Emergency Medical Technician (EMT) CPR Ham radio

Other: _____

Special licenses: _____

Local emergency contact

Full name: _____

Relationship: _____

Home phone: _____

Mobile phone: _____

Email: _____

Out-of-state emergency contact

Full name: _____

Relationship: _____

Home phone: _____

Mobile phone: _____

Email: _____