

EMPLOYEE EMERGENCY INFORMATION:

EMPLOYEE NAME: _____

IN CASE OF EMERGENCY, PLEASE NOTIFY:

NAME: _____

RELATIONSHIP TO EMPLOYEE: _____

STREET: _____

CITY, STATE: _____

PHONE: _____

SUMMER ADDRESS:

STREET: _____

CITY: _____

PHONE: _____

PERMANENT ADDRESS FOR W-2

STREET: _____

CITY: _____

PHONE: _____

EMPLOYEE SIGNATURE: _____

DATE: _____

RETURN TO HARVEY CEDARS BOROUGH HALL WITH YOUR COMPLETED EMPLOYMENT PAPERS.