

Employee Emergency Contact Form

Date: _____

Contractor's Name: _____

Department: Contractors

Personal Contact Info:

Home Address: _____

City _____

State: _____

Zip code: _____

Contact Phone Number: () _____ - _____

Emergency Contact Info:

Name: _____

Relationship: _____

Address: _____

City _____

State: _____

Zip code: _____

Contact Phone Number: () _____ - _____

Emergency Contact Info #2

Name: _____

Relationship: _____

Address: _____

City _____

State: _____

Zip code: _____

Contact Phone Number: () _____ - _____

Doctor Contact Info:

Doctor Name: _____

Phone Number: (____) _____ - _____

I have voluntarily provided the above contact information and authorize BR Irvin Construction Company and its representatives to contact any of the above on my behalf in the event of an emergency.

Employee Signature: _____