

## Emergency Contact Information

**Employee Information** (Please Print):

Name (First, MI, Last): \_\_\_\_\_

**In Case of Emergency** (Please Print):

Primary Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Secondary Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please complete this form and send the original to your Advantage Technical Resourcing representative. Make a photocopy if you wish to retain a copy for your records.