| Employee’s Emergency Contact Please complete and return to Store Manager |
| --- |

| 17 and younger fill out this part only | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | |
|  | | |  |  | | |  |  |
| Employee Name\* | | |  | Date of Birth\* | | |  | |
|  | | |  |  | | | | |
| Parent/Guardian Name if employee is under 18\* | | |  | Parent/Guardian Name if employee is under 18\* | | | | |
|  |  |  |  |  |  |  | | |
| Cell Phone\* |  | Work Phone\* |  | Cell Phone\* |  | Work Phone\* | | |
|  | | |  |  | | | | |
| Relationship to Employee\* | | |  | Relationship to Employee\* | | | | |
|  | | |  |  | | | | |
| Address | | |  | Address | | | | |
|  | | |  |  | | | | |
| City, ST ZIP Code | | |  | City, ST ZIP Code | | | | |
|  | | |  |  | | | | |
|  | | |  |  | | | | |
| 18 and older fill out this part only | | | | | | | | |
|  | | | | | | | | |
| Employee Name\* | | | | | | | | |
|  | | |  |  | | | | |
| Primary Emergency Contact\* | | |  | Secondary Emergency Contact\* | | | | |
|  |  |  |  |  |  |  | | |
| Cell Phone\* |  | Work Phone\* |  | Cell Phone\* |  | Work Phone\* | | |
|  | | |  |  | | | | |
| Relationship to Employee\* | | |  | Relationship to Employee\* | | | | |
|  | | |  |  | | | | |
| Address | | |  | Address | | | | |
|  | | |  |  | | | | |
| City, ST ZIP Code | | |  | City, ST ZIP Code | | | | |
|  | | |  |  | | | | |
|  | | | | | | | | |
|  | | | | | | | | |

\* Must be filled out