| 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