

MACOMB COUNTY

Human Resources and Labor Relations Department

1 South Main Street, 6th Floor, Mount Clemens, MI 48043 • Phone (586)469-5280 • Fax (586)469-6974

EMERGENCY CONTACT FORM

General Employee Information – Please Print Clearly

Name (Last, First, MI): _____

Employee ID Number: _____

Address (Street, City, State, Zip): _____

Marital Status:

Single

Married

Phone Number: _____

Primary Emergency Contact

Name (Last, First, MI): _____

Relationship to Employee: _____

Address (Street, City, State, Zip): _____

Email Address: _____

Home Phone Number: _____

Work Phone Number: _____

Cell Phone Number: _____

Secondary Emergency Contact

Name (Last, First, MI): _____

Relationship to Employee: _____

Address (Street, City, State, Zip): _____

Email Address: _____

Home Phone Number: _____

Work Phone Number: _____

Cell Phone Number: _____

Signature

Signed by: _____

Date Signed: _____