EMPLOYEE PROFILE

EMPLOYEE PERSONAL INFORMATION

Name:				
First		**Middle**	**Last**	**Preferred Name**

Date of Birth:			**Social Security Number:**		
Sex:		**Ethnicity:**		**Driver's License Number and State:**	
Street Address:					
City:			**State, Zip Code:**		
Mailing Address:					
City:			**State, Zip Code:**		
Home Phone:			**Cell Phone:**		
E-Mail:					
2nd Language:					
Spouse's Name:			**Spouse's Cell Phone:**		

EMERGENCY INFORMATION

Notify:		**Notify:**	
Phone/Cell:		**Phone/Cell:**	
Address:		**Address:**	
City:		**City:**	
Relationship:		**Relationship:**	

Senate Bill 294: Employers must allow employees to designate an emergency contact(s) and authorize notification if the employee is arrested or detained at the worksite or during work hours/duties.

Please select one option below:

☐	**Yes – The contact(s) listed above should be contacted in the case I am arrested or detained.**
☐	**No – The contact(s) listed above should not be contacted in the case I am arrested or detained. (Please see the separately submitted document for the appropriate contact(s) to be notified in such circumstances.**

Employee Signature:		**Date:**	