

PREMIER ELECTRICAL STAFFING, LLC

Employee Emergency Contact Form

NAME: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Address: _____

City, ST, Zip: _____

Home Phone: _____ Cell: _____

Name: _____ Relationship: _____

Address: _____

City, ST, Zip: _____

Home Phone: _____ Cell: _____

Medical Contact Information:

- I have voluntarily provided the above contact information and authorize *Premier Electrical Staffing, LLC* and its representatives to contact and of the above on my behalf in the event of an emergency.
- I choose not to furnish emergency contact information to *Premier Electrical Staffing, LLC* at this time

Employee Signature: _____ Date: _____