



**CITY OF PETALUMA
HUMAN RESOURCES**

Employee Information and Emergency Notification

Employee Name: _____

Address: _____ City: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____

Personal Email Address: _____

Position: _____ Department: _____

Employee Number: _____ Social Security Number: _____ DOB: _____

EMERGENCY CONTACTS

1. Name: _____ Relationship: _____

Home #: _____ Work #: _____ Cell #: _____

2. Name: _____ Relationship: _____

Home #: _____ Work #: _____ Cell #: _____

3. Name: _____ Relationship: _____

Home #: _____ Work #: _____ Cell #: _____

Physician: _____ Phone Number: _____

Health Insurance Plan: _____ Group Number: _____

Do you have any medical condition that we should be aware of in case of an emergency?

In the event of an emergency, I authorize the City of Petaluma to notify the emergency contacts I have listed above.

Employee Signature Date