



EMPLOYEE INFORMATION & EMERGENCY CONTACT UPDATE FORM

Please use this form to update your address, phone number, and other contact information as needed.

Employee Name			
Address			
City/State/Zip		Cell Phone	
Home Phone		Personal Email	
Department		Supervisor	

In the event of an emergency, please contact:

Name			
Address			
Home Phone		Cell Phone	
Relationship		Work Phone	

- OR -

Name			
Address			
Home Phone		Cell Phone	
Relationship		Work Phone	

Please answer the question below by placing a **check mark** (✓) in the appropriate box and providing any additional information available.

In the event of an emergency/crisis (i.e. hurricane), I will most likely:
(You may select multiple options by ranking your choices 1-5)

1	Evacuate out of the area	Contact Phone #:
1	Go to the nearest shelter	Shelter/Location:
1	Remain at home	Contact Phone #:
1	Stay with relatives	Contact Phone #:
1	Stay with friends	Contact Phone #:

I understand that all employees will be expected to complete this form annually to ensure that CareerSource Broward and Integrative Staffing Group have the most current information for emergency notification and/or to verify the safety of employees. I authorize CareerSource Broward and Integrative Staffing Group to use the contact information provided, as needed, to contact me.

Employee Signature

Date