EMPLOYEE INFORMATION FORM

Date: _____

EMPLOYEE: _____ Employee # _____

HOME PHONE NUMBER: _____

CELL PHONE NUMBER: _____

HOME ADDRESS: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT: Name: _____

Phone: _____

EMAIL ADDRESS: _____

SECONDARY CONTACT: Name: _____

Phone: _____

EMAIL ADDRESS: _____

ADDITIONAL CONTACT: Name: _____

Phone: _____

EMAIL ADDRESS: _____

☐ I authorize the city to give my phone number to other City Staff or Council when requested.

☐ I authorize the city to give my address to other City Staff or Council when requested.

Employee Signature Date

The City will not distribute your personal information without prior approval to any outside agency.