



Emergency Contacts Form

Snohomish County Human Resources

Employee Information			
Name		Department	
Home Address		State	Zip
Home Phone	Cell Phone		

Emergency Contact - Primary			
Name		Relationship	
Home Address		State	Zip
Home Phone	Cell Phone		
Is this a County Employee: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, department they work for:			

Emergency Contact - Secondary			
Name		Relationship	
Home Address		State	Zip
Home Phone	Cell Phone		
Is this a County Employee: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, department they work for:			

Employee Signature _____ Date _____