**Know Your Employees**

Updated:

Next Review Date:

**EMPLOYEE NAME:**

Position / title:

Home address:

City, State, ZIP:

Office phone:  Ext.  Alternate phone:

Home phone:  Mobile phone:

Office email:

Home email:

Special needs:

**Certifications**

First Aid  Emergency Medical Technician (EMT)  CPR  Ham Radio

Other:

Special Licenses:

**Local Emergency Contact**

Full name:  Relationship:

Home phone:  Mobile phone:

Email:

**Out of State Emergency Contact**

Full name:  Relationship:

Home phone:  Mobile phone:

Email: