



Know Your Employees

Use this form to record information about all employees, including the business owner so that each person can be contacted at any time. Duplicate the form for each employee.

Updated: _____
Next Review Date: _____

EMPLOYEE NAME:

Position/title: _____

Home address: _____

City, State, ZIP: _____

Office phone: _____ Ext. _____ Alternate phone: _____

Home phone: _____ Mobile phone: _____

Office e-mail: _____

Home e-mail: _____

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: _____

E-mail: _____

Out of State Emergency Contact

Full name: _____

Relationship: _____

Home phone: _____ Mobile Phone: _____

E-mail: _____

Notes: _____
