**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: