



CITY OF PETALUMA
HUMAN RESOURCES
Employee Emergency Notification

Employee Name: _____ Phone #: _____

Address: _____ City: _____ Zip: _____

Position: _____ Department: _____

Employee Number: _____ Social Security Number: _____ DOB: _____

EMERGENCY NOTIFICATION

1. Name: _____ Relationship: _____

Home Number: _____ Work Number: _____ Cell Number: _____

2. Name: _____ Relationship: _____

Home Number: _____ Work Number: _____ Cell Number: _____

3. Name: _____ Relationship: _____

Home Number: _____ Work Number: _____ Cell Number: _____

Physician: _____ Phone Number: _____

Health Insurance Plan: _____ Group Number: _____

Do you have any medical condition that we should be aware of in case of an emergency?
