

TOWN OF MIDDLETOWN
HUMAN RESOURCES DEPT

EMPLOYEE CONTACT INFORMATION FORM

EMPLOYEE NAME: _____

CURRENT ADDRESS: _____

CURRENT PHONE NUMBERS: HOME: _____

CELL: _____

PRIMARY EMERGENCY CONTACT:

NAME/RELATIONSHIP
TO EMPLOYEE: _____

ADDRESS: _____

1st CONTACT PHONE: HOME: _____

CELL: _____

WORK/OTHER: _____

SECONDARY EMERGENCY CONTACT:

NAME/RELATIONSHIP
TO EMPLOYEE: _____

ADDRESS: _____

2nd CONTACT PHONE: HOME: _____

CELL: _____

WORK/OTHER _____