



Discover ★ Enjoy ★ Celebrate!

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## Employee Emergency Information

### Personal Information

Full Name:

*Last*

*First*

*M.I.*

Address:

*Street Address*

*Apartment/Unit #*

*City*

*State*

*ZIP Code*

Home Phone:

Alternate Phone:

Email

SSN or Gov't ID:

Birth Date:

Date of Hire:

### Emergency Contact Information

Full Name:

*Last*

*First*

*M.I.*

Address:

*Street Address*

*Apartment/Unit #*

*City*

*State*

*ZIP Code*

Primary Phone:

Alternate Phone:

Relationship:

This information will be kept confidential and will only be used in an emergency situation. Please feel free to discuss any concerns with the Clerk.