

EMPLOYEE EMERGENCY INFORMATION

NAME: _____

GENERAL INFORMATION

Home Address: _____

City, State, Zip Code: _____

Phone Number: _____ Other: _____

Social Security Number: _____

Birthdate: _____ Age: _____ Sex: _____

Marital Status: _____ Number of Dependents: _____

PERSON TO CONTACT IN CASE OF EMERGENCY

Name: _____ Relationship: _____

Home Address: _____

City, State, Zip Code: _____

Home Phone Number: _____ Other: _____

Business Phone Number: _____

PHYSICIAN ADDRESS

Name: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: _____

The Nebraska Department of Environmental Quality

1200 "N" Street – Suite 400

Lincoln, NE 68509

Human Resources - (402) 471-4368 or (402) 471-2758