



Jefferson County Commission Emergency Contact Information

Employee Name _____ Date Prepared _____

Title _____ Department _____

Personal Information:

Home Address _____

City, State, Zip _____

Home Telephone Number _____ Listed/Unlisted _____ Cell Phone Number _____

Alternate Email Address _____

Marital Status

Single Married Divorced Widowed/ Widower Legally Separated

Spouse's Name if Married: _____

Veteran Status (Check all that apply)

Not Applicable Vietnam Era Veteran Veteran, Branch(es) _____
 Reserves, Branch _____

Ethnicity

Are you Hispanic or Latino? YES NO

Disability

Are you Disabled? YES NO

Race Identification (Please answer regardless of your answer to the Ethnicity question above)

Please select the racial category or categories you most closely identify as. Check as many as apply.

American Indian or Alaska Native Asian Black or African American White
 Native Hawaiian or Other Pacific Islander

Emergency Contact Information: (Please provide at least one (1) Emergency Contact)

1)

Primary Contact Name _____ Relationship (spouse, child, neighbor, etc) _____

Address _____ City, State Zip _____

Home Telephone Number _____ Cellphone Number _____ Work Phone Number _____

2)

Contact Name _____ Relationship (spouse, child, neighbor, etc) _____

Address _____ City, State Zip _____

Home Telephone Number _____ Cellphone Number _____ Work Phone Number _____