



# South Texas College EMPLOYEE/ EMERGENCY CONTACT INFORMATION FORM

## EMPLOYEE NAME

\_\_\_\_\_  
Last First Middle

\_\_\_\_\_  
Physical Address City State Zip Code (\_\_\_\_)\_\_\_\_\_  
(For HR Internal Use Only) Home Phone #

\_\_\_\_\_  
Mailing Address City State Zip Code (\_\_\_\_)\_\_\_\_\_  
Cell Phone #

## EMERGENCY CONTACT INFORMATION

\_\_\_\_\_  
Primary Contact Name Relationship (Optional)

\_\_\_\_\_  
Physical Address City State Zip Code  
(For HR Internal Use Only)

(\_\_\_\_)\_\_\_\_\_  
Telephone # Alternate Telephone #

\_\_\_\_\_  
Secondary Contact Name Relationship (Optional)

\_\_\_\_\_  
Physical Address City State Zip Code  
(For HR Internal Use Only)

(\_\_\_\_)\_\_\_\_\_  
Telephone # Alternate Telephone #

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee ID #: A \_\_\_\_\_

FOR HUMAN RESOURCES USE ONLY

Entered By: \_\_\_\_\_ Date: \_\_\_\_\_