EMERGENCY CONTACT INFORMATION

Employee Name: _____
Last First M. Initial

Department: _____

Position: _____

Address: _____
Number and Street

_____
City State ZIP Code

Home Telephone Number: _____

Mobile Telephone Number: _____

Email Address: _____

Driver's License Number: _____ State: _____

Person To Contact In Case Of Emergency:

Name: _____

Relationship: _____

Address: _____

Telephone: _____

This form is provided as a Member Benefit of the California Restaurant Association, www.calrest.org or 800.765.4842

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