



3. KNOW YOUR EMPLOYEES

USE THIS FORM TO RECORD INFORMATION ABOUT ALL EMPLOYEES, INCLUDING THE BUSINESS OWNER, SO THAT EACH PERSON CAN BE CONTACTED AT ANY TIME.

EMPLOYEE NAME:

Position/title:

Key Responsibilities:

Alternative Employee Who Can Perform Duties:

Home address:

City, State, ZIP:

Office phone:

Ext.

Alternate phone:

Home phone:

Mobile phone:

Office e-mail:

Personal e-mail:

Special needs:

Certifications:

First Aid Emergency Medical Technician (EMT) CPR Ham Radio

Other:

Special licenses:

Evacuation Information

County:

Evacuation Zone:

Evacuation Destination:

Local Emergency Contact

Full name:

Relationship:

Home phone:

Mobile Phone:

E-mail:

Out of State Emergency Contact

Full name:

Relationship:

Home phone:

Mobile Phone:

E-mail:

Notes:

Last Updated:

Next Update: