



Washington County Board of County Commissioners

EMPLOYEE CONTACT INFORMATION

Employee Name: _____

Address: _____

Primary Phone Number: _____

Cell or Alternative Number: _____

Social Security Number: _____

Date of Birth: _____

Driver's License: _____

Emergency Contact Name &
Contact Number: _____

Relation to Emergency
Contact: _____

Department: _____

Employee Signature: _____

Date: _____

****Please advise Human Resources of any changes to this information.**

Reference: Board Policy 10.03, 15.02, 15.03