

## EMERGENCY CONTACT INFORMATION

Employee Name: \_\_\_\_\_

Division: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**1) Emergency Contact Information** – Who should the City/BWS contact in case of an emergency (e.g., natural disaster, accident, illness at work, etc.) For example, if you are injured on the job, who should your department contact to inform them that you were injured (other than 911). Please provide the information for at least one (1) emergency contact.

Emergency Contact #1:

Relationship: (circle one)    Father          Mother          Son          Daughter          Spouse          Other

Name: (First, middle, last) \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Street Address, City & Zip: \_\_\_\_\_

Emergency Contact #2:

Relationship: (circle one)    Father          Mother          Son          Daughter          Spouse          Other

Name: (First, middle, last) \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Street Address, City & Zip: \_\_\_\_\_

**2) Licenses and Certifications** - Please provide information for licenses and certifications (e.g., driver's license, professional licenses, first aid certifications, etc.) that are required for your job. If more space is needed, use a blank paper and provide the request information. By maintaining this information in our new system, managers will be notified of upcoming expiration dates to ensure that all employees have the proper licenses/certifications to perform their work.

License/Certification #1:

Name/Type: \_\_\_\_\_

Number: \_\_\_\_\_ Issue State, if other than HI: \_\_\_\_\_

Effective Dates – From: \_\_\_\_\_ To: \_\_\_\_\_

License/Certification #2:

Name/Type: \_\_\_\_\_

Number: \_\_\_\_\_ Issue State, if other than HI: \_\_\_\_\_

Effective Dates – From: \_\_\_\_\_ To: \_\_\_\_\_

License/Certification #3:

Name/Type: \_\_\_\_\_

Number: \_\_\_\_\_ Issue State, if other than HI: \_\_\_\_\_

Effective Dates – From: \_\_\_\_\_ To: \_\_\_\_\_

License/Certification #1:

Name/Type: \_\_\_\_\_

Number: \_\_\_\_\_ Issue State, if other than HI: \_\_\_\_\_

Effective Dates – From: \_\_\_\_\_ To: \_\_\_\_\_

**3) Competencies** - Please provide any competencies that you may have (e.g., speak a foreign language, sign language, read Braille, take dictation at xx wpm, bondable, shelter manager, security clearance, etc.) If more space is needed, use a blank paper and provide the request information. Some competencies (e.g., speak mandarin) would not have any effective dates and therefore effective dates would not be required. Unless competencies are required for your job, providing this information is optional.

Competency #1:

Name/Type: \_\_\_\_\_

Effective Dates – From: \_\_\_\_\_ To: \_\_\_\_\_

Competency #2:

Name/Type: \_\_\_\_\_

Effective Dates – From: \_\_\_\_\_ To: \_\_\_\_\_

Competency #3:

Name/Type: \_\_\_\_\_

Effective Dates – From: \_\_\_\_\_ To: \_\_\_\_\_

Mahalo!