WHITWORTH UNIVERSITY
Human Resources Services

New Employee Address and Emergency Contact Form

Legal Name:_____ Date: _____

Preferred Name Same as Legal Name ☐ **Yes** ☐ **No** _____

Personal Information

Home Address: _____

City: _____State: _____Zip Code: _____

Home Phone:_____ Cell Phone: _____

Non-Whitworth email address:_____

Campus Information

Department: _____

Title: _____Telephone: _____

Building: _____Room #: _____

Would you like your personal information (home address and phone number) listed in the campus directory?

☐ **Yes** ☐ **No** *(Only employees can view the campus directory.)*

Emergency Contact Information -- Who would you like contacted in the case of an emergency?

Name_____ Relationship _____

Address_____ Phone _____

_____ Employer _____

Email _____ Work Phone _____

Name_____ Relationship _____

Address_____ Phone _____

_____ Employer _____

Email _____ Work Phone _____

Name_____ Relationship _____

Address_____ Phone _____

_____ Employer _____

Email _____ Work Phone _____

Your personal contact information (To be used if you are off campus in the event of an emergency):

Emergency contact cell #: _____ Cell service provider: _____

Authorization for emergency text message for campus wide updates ☐ **Yes** ☐ **No**

Employee signature_____

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