

**EMERGENCY INFORMATION**  
**VIRGINIA DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES**

*Please print or type*

Name:		Emp ID:	
Home Telephone #:		Cell#	
Home E-mail Address:			

**PERSON(S) TO CONTACT IN CASE OF EMERGENCY**

<b>Primary</b>			
Name:			
Home Address:			
Telephone: Primary:		Cell:	
Relationship:			
<b>Secondary</b>			
Name:			
Home Address:			
Telephone: Primary		Cell	
Relationship:			

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

FOR HR USE:	
Keyed into Cardinal (date):	By: