

## The Office of Human Resources

Employee Information/Emergency Contact Form

Name:			Empl	oyee ID:			Date:	
Street Address:							County	:
City:			State	:			Zip Cod	le:
Home Phone:		Cell Pho	one:			Home E-m	nail:	
Department: Supervisor:								
Campus Buildin	g:		Roon	n Number:		Campus	Phone:	
EMERGENCY CONTACTS								
Name: Relationship:								
Street Address:				City:		Sta	te/Zip:	
Home Phone:		Cell P	hone:			Busines	s Phone:	
Name:					F	Relationship	):	
Street Address:				City:		Sta	te/Zip:	
Home Phone		Cell P	hone:			Busines	s Phone:	
If you would like to participate in The College of New Jersey's Emergency Text Communication System, please provide your cell phone number:								
Cell Phone Number:								
STATISTICAL INFORMATION								
The College of New Jersey is an Equal Opportunity and Affirmative Action Employer. The following information will be used for statistical purposes only, and will not be used to discriminate in any way.								
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