



Dedicated to Excellence
through Leadership and Service



CONFIDENTIAL EMPLOYEE EMERGENCY INFORMATION

Clackamas Education Service District

Please provide only NEW and REQUIRED information.

Enter full name (REQUIRED. If NEW give old name first, then new.)	Employee OR Social Security Number (REQUIRED)
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Home Address	Date of Birth
City, State, Zip	Driver's License Number
Telephone Number (s) Home Phone <input type="text"/> Cell Phone <input type="text"/>	Supervisor

IN CASE OF EMERGENCY

Please Contact:

Name	Relationship
Telephone (Day)	Telephone (Evening)

Name	Relationship
Telephone (Day)	Telephone (Evening)

Signed _____ Date _____

Please return completed form to Clackamas ESD

13455 SE 97th Ave. Clackamas, OR 97015

E-mail: hr@clackesd.k12.or.us

Fax: 503-675-4200