

Supplementary Employee Information

PLEASE PRINT

1. **Social Security Number:**

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2. **Legal Name (as it appears on your Social Security Card)**

Last Name	First Name	MI

3. **Preferred FIRST Name** (if different from legal name)

Former LAST Name (if different from legal name)

4. **Home Address:**

Address	Apt #	City	State	Zip

5. **Primary Home Phone Number - The best way for NWHMC to reach you):**

Type: () Land Line () Cell Phone () Pager

6. **Secondary Home Phone Numbers** (If any):

Type: () Land Line () Cell Phone () Pager

7. **Date of Birth:**

Month	Day	Year

8. **Place of Birth:**

City	State/Province	Country

(Needed for UW Medicine provisioning.)

9. **Primary Emergency Contact Information (The first person you'd want NWHMC to contact):**

Last Name	First Name	Relationship

Address	Apt #	City	State	Zip

Primary Emergency Telephone: (Best phone number to reach this contact in emergency.)

<input type="checkbox"/>	Land Line	<input type="checkbox"/>	Cell	<input type="checkbox"/>	Pager
<input type="checkbox"/>	Home	<input type="checkbox"/>	Work	<input type="checkbox"/>	Pager
<input type="checkbox"/>	Day	<input type="checkbox"/>	Evening		

Emergency Contact Other Phone (If we cannot reach this contact at the above primary phone number, are there any other secondary phone number for this person you want us to call?)

<input type="checkbox"/>	Land Line	<input type="checkbox"/>	Cell	<input type="checkbox"/>	Pager
<input type="checkbox"/>	Home	<input type="checkbox"/>	Work	<input type="checkbox"/>	Pager
<input type="checkbox"/>	Day	<input type="checkbox"/>	Evening		

If you have other EMERGENCY CONTACT, check here

and enter information on the back of this form.

2nd Emergency Contact

10. Emergency Contact Information:

Last Name		First Name		Relationship	
Address		Apt #	City	State	Zip

Telephone: Primary way to reach emergency contact is at:

()	<input type="checkbox"/>	Land Line	<input type="checkbox"/>	Cell	<input type="checkbox"/>	Pager
	<input type="checkbox"/>	Home	<input type="checkbox"/>	Work	<input type="checkbox"/>	Pager

If we cannot reach this contact at the above primary phone number, are there any other secondary phone numbers for this person you want us to call?

()	<input type="checkbox"/>	Land Line	<input type="checkbox"/>	Cell	<input type="checkbox"/>	Pager
	<input type="checkbox"/>	Home	<input type="checkbox"/>	Work	<input type="checkbox"/>	Pager

()	<input type="checkbox"/>	Land Line	<input type="checkbox"/>	Cell	<input type="checkbox"/>	Pager
	<input type="checkbox"/>	Home	<input type="checkbox"/>	Work	<input type="checkbox"/>	Pager

3rd Emergency Contact

11. Emergency Contact Information:

Last Name		First Name		Relationship	
Address		Apt #	City	State	Zip

Telephone: Primary way to reach emergency contact is at:

()	<input type="checkbox"/>	Land Line	<input type="checkbox"/>	Cell	<input type="checkbox"/>	Pager
	<input type="checkbox"/>	Home	<input type="checkbox"/>	Work	<input type="checkbox"/>	Pager

If we cannot reach this contact at the above primary phone number, are there any other secondary phone numbers for this person you want us to call?

()	<input type="checkbox"/>	Land Line	<input type="checkbox"/>	Cell	<input type="checkbox"/>	Pager
	<input type="checkbox"/>	Home	<input type="checkbox"/>	Work	<input type="checkbox"/>	Pager

()	<input type="checkbox"/>	Land Line	<input type="checkbox"/>	Cell	<input type="checkbox"/>	Pager
	<input type="checkbox"/>	Home	<input type="checkbox"/>	Work	<input type="checkbox"/>	Pager