

High Bridge Associates, Inc. & Work Management, Inc.

EMERGENCY CONTACT FORM

EMPLOYEE'S NAME _____

Please provide our office with an emergency contact for situations such illness, accident, etc... Listed below are spaces for a primary and alternate contact. Please provide this information and return it with your employment acceptance letter. Should you have any questions, please feel free to contact Kelly at (770) 729-8755 or (678) 533-4419. Thank you.

Primary Contact

Alternate Contact

NAME(S)

NAME(S)

ADDRESS

ADDRESS

PHONE NUMBER

PHONE NUMBER

RELATIONSHIP

RELATIONSHIP

CURRENT PHONE NUMBER AT JOB