

BRUNSWICK COUNTY EMPLOYEE CONTACT DATA SHEET

GENERAL EMPLOYEE DATA

(please print)

Full Legal Name: _____ Preferred Name: _____

Address: _____

Birth Date: _____ Gender: _____ Race: _____

Marital Status: _____ Veteran Status: _____

Cell/Mobile Phone*: _____

****Please note that this phone number will be used by Brunswick County to send employer-related emergency notifications via call and text for emergencies such as county closures, operational delays, etc.***

EMERGENCY CONTACT DATA

I authorize Brunswick County to contact the below individual in the event of an emergency (accident, hospitalization, etc.) in which I am unable to act promptly on my behalf.

Name: _____ Relationship to You: _____

Address: _____

Cell Phone: _____ Work Phone: _____

I decline to provide emergency data as I do not want anyone contacted on my behalf in the event of an emergency.

Signature: _____ Date: _____