

TOWN OF LINCOLN
MIDDLESEX COUNTY - MASSACHUSETTS

INFORMATION SHEET

Employee No.:

Last Name:

First Name:

Middle Initial/Name

Residential

Address: *Number* *Street* *City/Town* *State* *Zip*

(*please provide mailing address as well, if different from residential address)

*

Telephone Number:

Email:

EMERGENCY CONTACT INFORMATION

(Please note that Emergency Contact will only be accessed in the case of an emergency situation and will be held in strictest confidence).

	RELATIONSHIP	TELEPHONE	*
(PRIMARY) NAME OF PERSON TO BE CONTACTED _____	<input type="checkbox"/>	___/___ - _____() ___/___ - _____()	
(SECONDARY) NAME OF PERSON TO BE CONTACTED _____	<input type="checkbox"/>	___/___ - _____() ___/___ - _____()	

RELATIONSHIP CONTACT CODES

A – AUNT
B – BROTHER
C – SON
D – DAUGHTER

F - FATHER
G – GRAND PARENT
H - HUSBAND
I – IN-LAW

M – MOTHER
O - OTHER
S – SISTER
U – UNCLE

TELEPHONE NUMBER*

W – WORK NUMBER
H – HOME PHONE
C – CELL PHONE
W - WIFE

Please include/provide any additional information you feel may be helpful to us:

CONFIDENTIAL WHEN COMPLETED