

A GOFF LIMOUSINE & BUS COMPANY LLC.
18 New Life Drive, Ruckersville, VA 22968
434-979-5466

EMPLOYEE EMERGENCY CONTACT FORM

Name: _____

Department: _____

Personal Contact Info:

Home Address: _____

City, State, ZIP: _____

Home #: _____ Cell #: _____

Emergency Contact Info:

1) Name: _____ Relationship: _____

Address: _____

City, State, ZIP: _____

Home #: _____ Cell #: _____

Work #: _____ Employer #: _____

2) Name: _____ Relationship: _____

Address: _____

City, State, ZIP: _____

Home #: _____ Cell #: _____

Work #: _____ Employer #: _____

Medical Contact Info:

Doctor Name: _____ Phone #: _____

Preferred Hospital: _____

I have voluntarily provided the above contact information and authorize A Goff and its representatives to contact any of the above on my behalf in the event of an emergency.

Employee Signature: _____ **Date:** _____