



CONSULTANT EMERGENCY CONTACT INFORMATION

Dear Consultant:

Systems Staffing Group, Inc. is always concerned about the safety and welfare of our consultants in the field.

It is the policy of Systems Staffing Group, Inc. to IMMEDIATELY contact the designated contact party in the event of an emergency involving any consultants in the field.

To that end, we require the following emergency contact information. This information will be held confidential and will only be utilized in the event of an emergency.

Thank you for your assistance.

Your name _____ Birthday _____/_____/_____

Your address _____

Your home phone # _____ Your Cell Phone # _____

Doctor's Name _____ Dr. Phone # _____

Medical Coverage Group # _____ Driver License # _____

First contact person _____

Relationship to you _____

Daytime # _____

Cell # _____

Evening # _____

Other # _____

Second contact person _____

Relationship to you _____

Daytime # _____

Cell # _____

Evening # _____

Other # _____