South Carolina Forestry Commission
EE Emergency Contact/Education/Information

Employee Information

Employee Name: _____
First Middle Last Suffix

SSN: **XXX-XX-**_____

Office: _____

Home Address: _____
Street City State Zip

Phone Number: _____ _____
Cell Phone Office Phone

Email Address: _____ **Driver's License State & Number:** _____

Education

K-12: ☐ Yes ☐ No **Associate Degree:** ☐ Yes ☐ No

Technical School: ☐ Yes ☐ No **Bachelor Degree:** ☐ Yes ☐ No

College/University: ☐ Yes ☐ No **Total Credit Hours:** _____

Certifications: _____

_____

_____

Emergency Contact Information

Name: _____ **Relationship:** _____

Phone Number: _____ _____
Cell Phone Office/Home Phone

Home Address: _____
Street City State Zip

Alternate Emergency Contact

Name: _____ **Relationship:** _____

Phone Number: _____ _____
Cell Phone Office/Home Phone

Home Address: _____
Street City State Zip

_____ _____
Employee Signature Date

PLEASE NOTIFY HUMAN RESOURCES IMMEDIATELY SHOULD ANY OF THE ABOVE INFORMATION CHANGE.

SCFC-10/7/20