



Niagara Frontier Transportation Authority
Serving the Niagara Region

EMPLOYEE EMERGENCY DATA INFORMATION

LOCATION: _____ **EMP. #:** _____

FULL NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

HOME PHONE: _____ **DOB:** _____

EMERGENCY CONTACT: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

EMERG. CONTACT PHONE: _____

It is the responsibility of the employee to keep the above information current with the company.

Employee Signature

Date