



BATH
MAINE *City of Ships*

Employee Contact Form

The City Manager’s Office keeps emergency contact information for all employees in their personnel files. Correct information is vital, so please complete this form as soon as possible and return it to the City Manager’s office.

If you have changes to your contact information or dependents (including birth, adoption, death, marriage, divorce), contact the Human Resources Director to update this form and third-party benefit providers.

Name: _____

Home Address: _____

Mailing Address, if different: _____

Personal Email Address: _____

Phone Number(s): _____

Date of Birth: _____

Marital Status: _____

Spouse or Partner’s Name, if applicable: _____

Dependents Names, if applicable: _____

Contact person in case of emergency: _____

Relationship: _____

Address: _____

Phone #1: _____

Phone #2: _____

Signature _____

Date _____