



SAINT MARTIN DE PORRES

CLEVELAND'S CRISTO REY HIGH SCHOOL

Employee and Emergency Contact Information

Name: _____

Mobile Phone: _____ Alternate Phone: _____

Current Street Address: _____

Apt/Unit No: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____

Catholic: ☐ Yes ☐ No

License Plate #: _____

Emergency Contact Information:

Name: _____

Relationship: _____

Street Address: _____ Apt/Unit No: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Alternate Contact (optional):

Signature: _____ Date: ____/____/____

Please complete and return to Human Resources