



METROPOLITAN SOLUTIONS

EMPLOYEE CONTACT FORM

Employee Name: _____

Home Address: _____

Home Phone #: _____ Cell Phone #: _____

Alternative Email address: _____

Primary Emergency Contact

Name: _____

Relationship: _____

Phone #: _____

Secondary Emergency Contact

Name: _____

Relationship: _____

Phone #: _____

Other Information

Birthday: _____

Favorite food: _____

Favorite cake or dessert: _____

Flavors/Food I dislike: _____

Any food or allergies that we need to be aware of: _____