

- NEW EMPLOYEE
 UPDATE EMPLOYEE INFO

**BOULDER COUNTY SHERIFF'S OFFICE
 EMPLOYEE EMERGENCY NOTIFICATION FORM**

2023

Employees are responsible to updating any emergency notification changes in BCTime through the Employee Home Page

EMPLOYEE INFORMATION

Employee Name			Division	Date
Birth Date	Admin ID #	Radio / Badge #	Current Job Classification	Hire Date <i>(New Hires Only)</i>
Home Address			City	Zip Code
Home Phone		Cell Phone		<input type="checkbox"/> Work Cell <input type="checkbox"/> Personal Cell
Business Email Address				OSN
Emergency Medical Information <i>(e.g. allergies, blood type, conditions relevant in an emergency, etc.)</i> [OPTIONAL]				

SPECIAL SKILLS & EQUIPMENT FOR CAD

<input type="checkbox"/> Accident Investigator	<input type="checkbox"/> AR-15 / Assault Rifle	<input type="checkbox"/> Armorer	<input type="checkbox"/> Ballistic Shield
<input type="checkbox"/> Bomb Technician	<input type="checkbox"/> Caged Car	<input type="checkbox"/> Colorado LifeTrak (COLT)	<input type="checkbox"/> CPR
<input type="checkbox"/> CSI	<input type="checkbox"/> DT Instructor	<input type="checkbox"/> DRE	<input type="checkbox"/> Evidence Technician
<input type="checkbox"/> Fingerprint Technician	<input type="checkbox"/> 4x4 Vehicle	<input type="checkbox"/> FTO	<input type="checkbox"/> German (foreign language)
<input type="checkbox"/> Intoxilyzer Instructor	<input type="checkbox"/> K9: Drug Detection	<input type="checkbox"/> K9: Explosives Detection	<input type="checkbox"/> K9: Search (non-apprehension)
<input type="checkbox"/> K9: Tracking (apprehension)	<input type="checkbox"/> Less-Lethal Shotgun	<input type="checkbox"/> LIDAR Instructor	<input type="checkbox"/> LoJack
<input type="checkbox"/> Negotiator (SWAT)	<input type="checkbox"/> Range Instructor	<input type="checkbox"/> Sign Language	<input type="checkbox"/> Spanish (foreign language)
<input type="checkbox"/> SWAT (tactical team)	<input type="checkbox"/> Thermal Imager	<input type="checkbox"/> Truck Weighing-Scales	<input type="checkbox"/> Unmarked Vehicle
<input type="checkbox"/> Other (specify):			

EMERGENCY CONTACT INFORMATION

Spouse or Significant Other		Relationship	
Home Address		City	Zip Code
<input type="checkbox"/> Same			
Home Phone	Work Phone	Cell Phone	
<input type="checkbox"/> Same			
Place of Employment	Employment Address	City	

CLOSEST RELATIVE THAT DOES NOT RESIDE WITH YOU

Nearest Relative		Relationship	
Home Address		City	Zip Code
Home Phone	Work Phone	Cell Phone	

ALTERNATIVE EMERGENCY CONTACTS *(List in order of preference for contact)*

Alternative Emergency Contact #1	Relationship	Phone Number	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Alternative Emergency Contact #2	Relationship	Phone Number	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work

PREFERRED FAMILY LIASISON OFFICER(S) FROM THE SHERIFF'S OFFICE *(if desired)*

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RELIGIOUS PREFERENCE & CONTACT INFORMATION *(if desired)*

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Employees are strongly encouraged to include a portrait or photograph with this form. This form is only used for annually updating employee skill records and in the case of a medical emergency or death. It is considered private for any other purpose.