

EMPLOYEE NEW HIRE INFORMATION

Personal Information:			
Full Name:	Lank Manage	Sint Name	Add de la circa
Address:	Last Name	First Name	Middle Initial
Address.	No.	Street	Apt./Suite
	City	Province	Postal Code
Home Phone No.:	Area Code Telephone No.	Alternate No.:	Area Code Telephone No.
Social Insurance No.:	:	Birthdate	Gender F M
Marital Status: Sin	gle Married	Common Law	d/yyyy Divorced Other
Preferred Language: English French			
Email Address:			
Emergency Contact Information:			
Name:	First Name	Rel	ationship:
Address:			
No.		Street	Apt./Suite
City		Province	Postal Code
Home Phone No.:		Alternate No.:	rostai coae
Home Phone No	Area Code Telephone No.	Alternate No	Area Code Telephone No.
Employee Signature:			Date
Human Resources Use Only:			
Position (Business Tit	tle):		
Hire Date:		Em	ployee No.:
	udent Contract/Term	Comp Rate \$	Hrly / Annual
G/L Cost Center:		Dept. Code:	
Job Code: ADP Job Title:			
TD1 Federal TD1 Provincial Direct Deposit Info Sent to P/R: Y N			
HR Signature: Date:			
Print Name Signature			

Revision Date: June 2, 2022