

## New Employee Personal Information Form

### PERSONAL INFORMATION

Last Name:	First Name:
Middle Name:	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Birth Date:	Personal Email:
Phone Number:	Alternate Phone Number:

### PERMANENT MAILING ADDRESS

Street Number:	Street Name:
Apt. Number:	Postal Code:
City:	Province:

### EMERGENCY CONTACT

Last Name:	First Name:
Relationship:	Phone Number:

### DOCUMENTS ATTACHED

<input type="checkbox"/> Copy of Social Insurance Number	<input type="checkbox"/> Copy of Work Permit and/or Visa (if applicable)
<input type="checkbox"/> <a href="#">Federal Tax Form (TD1)</a>	<input type="checkbox"/> <a href="#">Provincial Tax Form (TP-1015.3V)</a>
<input type="checkbox"/> <a href="#">Equal Access to Employment Form</a>	<input type="checkbox"/> Proof of banking (void cheque/direct deposit form)

\_\_\_\_\_  
Signature of employee

\_\_\_\_\_  
Date

**FOR ADMINISTRATIVE USE**

Employee #: _____	Date Received: _____
Entered by: _____	Date Entered: _____
Verified by: _____	Date Verified: _____