



## EMPLOYEE INFORMATION

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NAME: \_\_\_\_\_ EFFECTIVE/START DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT #: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SOCIAL INSURANCE NUMBER: \_\_\_\_\_  MALE  FEMALE

TD1 FEDERAL: \_\_\_\_\_ TD1 PROVINCIAL: \_\_\_\_\_

### IN CASE OF EMERGENCY, PLEASE CONTACT THE FOLLOWING PERSON:

NAME: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ HOME

\_\_\_\_\_ BUSINESS

\_\_\_\_\_ CELL

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_