



EMPLOYEE INFORMATION

NAME: _____ START DATE/
EFFECTIVE DATE: _____ MM/DD/YYYY

ADDRESS: _____ UNIT #: _____

CITY: _____ POSTAL CODE: _____

PHONE NUMBER: _____ EMAIL: _____

SOCIAL INSURANCE NUMBER: _____ DATE OF BIRTH: _____ MM/DD/YYYY

SEX: MALE FEMALE INTERSEX PREFER NOT TO ANSWER

IN CASE OF EMERGENCY, PLEASE CONTACT THE FOLLOWING PERSON:

NAME: _____

RELATIONSHIP: _____

PHONE #: _____ (HOME)

_____ (WORK)

_____ (CELL)

I consent to my emergency contact information (name of contact and their information) being made available to my People Leader through the Manager Self Service portal of JDE. This information will only be used in the event other means of contact are unavailable.

YES NO

SIGNATURE: _____ DATE: _____ MM/DD/YYYY