

Employee Information Form

Personal Information:

Last Name: SHINDE First Name: VIKRAM

Address: 123 ABC STREET

Telephone: 01234567890 Cell: 074747424

Date of Birth: 01/01/1990 Social Insurance No.: SN 01 02

Person to notify in case of emergency:

Name: JOE BLOGGS Relationship: UNKNOWN

Telephone: 011223344 Cell: 012345

Additional Comments:

NOTHING

Date: 27/07/2020 Signature: 

Employee #: 007 Start Date: 01/08/2020