

# Sample Employee Information Form

## ***Employee's Personal Information***

Date of hire: \_\_\_\_\_

Employee name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_

## ***Emergency Contact Information***

Name: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Relationship to employee: \_\_\_\_\_

Do you have any allergies? \_\_\_\_\_

\_\_\_\_\_

Do you have any medical conditions? \_\_\_\_\_

\_\_\_\_\_

Alberta Health Care Number: \_\_\_\_\_