

New hire form: Sample template

Employee information



| | Perso | nal information | |
|---|-----------------------------|-------------------|------------------|
| Full manage | | | |
| Full name: | | First name | Middle initials |
| Gender: | _ Title (Mr./Ms/Mrs./Other) | | |
| Address: | Street address | | Apartment/unit # |
| | Street address | | Apartmentrumt # |
| | City | Province | Postal code |
| Home phone: _()_ | | Cellphone: _() | |
| Email address: | | | |
| Social Insurance Number or other government ID: | | | |
| Birth date: | | _ Marital status: | |
| Spouse's name: | | | |
| Spouse's employer: | | | |
| Spouse's work phone: _ | ()_ | | |

| | Job information | |
|------------------------|------------------------------|------------------|
| Title: | Employee ID (if applicable): | |
| Supervisor: | | |
| Nork location: | | |
| Email address: | | |
| Home phone: _() | Cellphone: _() | |
| Start date: | Salary: _\$ | |
| Em | nergency contact information | |
| Full name: | | |
| Last name | First name | Middle initials |
| Address: Street addres | es | Apartment/unit # |
| City | Province | Postal code |
| Primary phone: _() | Cellphone: _() | |
| Relationship: | | |

Other information

| Have you contributed to a | pension plan within the past 30 days? | |
|---|--|--|
| YES / NO (please circle one) | | |
| If yes, please indicate the e | employer & pension plan name: | |
| For payroll direct deposit p | urposes, please attach a void cheque to this form. | |
| Please attach a completed and signed D1 form. | | |
| Date: | Employee signature: | |
| | Print name: | |
| Date: | Employer signature: | |