



# Capital Homes Inc.

## Employee Information

### Personal Information

Full Name: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City Prov. Postal Code*

Home Phone: ( ) Alternate Phone: ( )

E-mail Address: \_\_\_\_\_

SIN Number: \_\_\_\_\_

Driver's Licence Number: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_ Spouse's Work Phone: ( )

### Emergency Contact Information

Full Name: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City Prov. Postal Code*

Primary Phone: ( ) Alternate Phone: ( )

Relationship: \_\_\_\_\_  
Family Doctor name: \_\_\_\_\_

Family Doctor phone & address: \_\_\_\_\_