



PERSONNEL PROFILE FORM

Legal Last Name: _____ Legal First Name: _____ M.I.: _____

Preferred Name (if different than legal name): _____

Address: _____ City: _____

State/Province: _____ Zip/Postal Code: _____ Home #: _____

Cellular #: _____ Personal email: _____

SSN/SIN: _____ Date of Birth: _____ Sex: Male _____ Female _____

Marital Status: Single _____ Married _____ Separated _____ Divorced _____ Widowed _____

Date of Hire: _____ FT _____ PT _____ (If PT, _____%)

Title: _____ Business Unit: _____ BU #: _____

Supervisor: _____ Office Location: _____

Contracted Rate (for consultants only): _____

Primary Emergency Contact: _____ Relationship: _____

Address: _____

Home #: _____ Business #: _____

Cellular #: _____

Secondary Emergency Contact: _____ Relationship: _____

Address: _____

Home #: _____ Business #: _____

Cellular #: _____

Signature: _____ Date: _____

*For Canadian HR use only

SIN Verified by: _____ Initials: _____ Date: _____