# Personal Employee Information Form

## *Please fill out using block capitals.*

|  |  |  |
| --- | --- | --- |
| First name: | | Last name: |
| Address: | | Sex *(check)*:  Male ☐ Female ☐ |
| City: | | Date of birth *(YYYY-MM-DD)*: |
| Province: | Postal code: | Social insurance no.: |
| Phone no.: | Cellphone no.: | Email address : |

## Human Resources Information

|  |  |
| --- | --- |
| Employee no.: | Employee position: |
| Hire date *(YYYY-MM-DD)*: | Department: |
| Name of direct supervisor: | Position of direct supervisor: |
| Pay:  Hourly: \_\_\_\_\_\_\_\_\_\_\_\_$/h **OR**  Yearly: \_\_\_\_\_\_\_\_\_\_\_\_$ | Employment status *(check)*:  Permanent ☐ **OR** Temporary ☐  Full-time ☐ **OR** Part-time ☐ |

## Emergency Contacts

|  |  |
| --- | --- |
| First Contact | |
| First name: | Last name: |
| Relationship: | Phone no.: |

|  |  |
| --- | --- |
| **Second Contact** | |
| First name: | Last name: |
| Relationship: | Phone no.: |