

NEW EMPLOYEE INFORMATION FORM

FOR OFFICE USE ONLY:

EE# _____ Start Date: _____ Salary/Wage _____ per _____

Personal Information:

Surname: _____ Sin: _____

Given Name: _____ Middle Name: _____

Email Address: _____ Birthdate: _____
(MM/DD/YYYY)

Male: Female: (Please check one)

Address: _____ Phone #: _____

City: _____ Province: _____ Postal Code: _____

Emergency Contact Information:

Name: _____ Phone #: _____

Relationship: _____ Work #: _____

Other Information:

Have you contributed to a Pension Plan (other than Canada Pension Plan) within the past 30 days?)

No: Yes: (Please check one)

If yes, please indicate employer & pension plan name: _____

Employee's Signature: _____ **Date:** _____

For payroll direct deposit purposes, please staple a VOID Cheque here