

EMPLOYEE INFORMATION FORM

Personal Information			
Full Name: _____			
<i>Last</i>		<i>First</i>	<i>M.I.</i>
Address: _____			
<i>Street Address</i>			<i>Apartment/Unit #</i>
<i>City</i>		<i>Province:</i>	<i>Postal Code</i>
Home Phone: ()		Alternate Phone: ()	
E-mail Address: _____			
Social Insurance/Security Number: _____			
Birth Date: _____		Marital Status: _____	
Spouse's Name: _____			
Spouse's Employer: _____		Spouse's Work Phone: ()	

Job Information			
Title: _____		Employee ID: _____	
Supervisor: _____		Department: _____	
Work Location: _____		E-mail Address: _____	
Work Phone: ()		Cell Phone: ()	

Emergency Contact Information			
Full Name: _____			
<i>Last</i>		<i>First</i>	<i>M.I.</i>
Address: _____			
<i>Street Address</i>			<i>Apartment/Unit #</i>
<i>City</i>		<i>Province</i>	<i>Postal Code</i>
Primary Phone: ()		Alternate Phone: ()	
Relationship to: _____			

