

Employee Information Form

EMPLOYEE INFORMATION

Name (Last, First, Middle): _____

Social Insurance #: _____ Date of Birth (MM/DD/YY): _____

Address: _____

City: _____

Province: _____ Postal Code: _____

Telephone Number: _____ Mobile Number: _____

Email Address: _____

PERSON TO BE NOTIFIED IN CASE OF AN EMERGENCY

Name: _____

Relationship: _____

Address: _____

Telephone Number: _____ Mobile Number: _____

DEPARTMENT USE ONLY

Hire Date (MM/DD/YY): _____

Start Date (MM/DD/YY): _____

Starting Wage: _____

Advanced Tracker Department Code: _____

ACCOUNTING USE ONLY

Employee #: _____

Processed By: _____

Sent to HO Date (MM/DD/YY): _____

Meal PM Account # (if applicable): _____

Employee Signature: _____ Date (MM/DD/YY): _____

