

# **Employee Information Form**

## **Personal Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Insurance No.: \_\_\_\_\_

\_\_\_\_\_

## **Person to notify in case of emergency:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

\_\_\_\_\_

## **Additional Comments:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Employee #: \_\_\_\_\_ Start Date: \_\_\_\_\_