

## 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): \_\_\_\_\_