

EMPLOYEE INFORMATION

Branch: _____ Supervisor: _____

Name: _____

Home Phone: _____ Cell Phone: _____

Address: _____

To Be Filled Out By Supervisor:

Start Date: _____ Salary/Wage: _____

Position: _____ Department: _____

To Be Filled Out By Employee:

Social Insurance Number: _____ Birthdate: _____

Marital Status: _____ Number of Dependents: _____

Person to Contact In case of Emergency:

Name: _____ Relationship: _____

Phone Number: _____ Alternate Phone Number: _____

Medical Conditions:

Medications Taken: _____ Allergies: _____

Other Information:

Shirt Size & Style: _____ Jacket Size: _____

Please indicate: Men's or Women's Sizes & Shirt Style: Golf, Long Sleeve or Short Sleeve Button Up

Comments: _____

PLEASE ATTACH A VOID CHEQUE

PLEASE RETURN THIS PAPERWORK TO YOUR SUPERVISOR OR HR UPON COMPLETION