

# Employee Information Form

## Personal Information:

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

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

\_\_\_\_\_

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

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

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## Person to notify in case of emergency:

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

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

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## Additional Comments:

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\_\_\_\_\_

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

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