

NEW EMPLOYEE PERSONNEL FORM

Location: _____ Supervisor: _____ Date: _____

PERSONAL DATA (Please print clearly)

Last Name: _____ S.I.N.: _____
First Name: _____ Address: _____
Middle Name(s): _____
Known As: _____ City: _____
Telephone (Res): _____ Province: _____
Telephone (Cell): _____ Postal Code: _____
Email: _____ Single ☐ Married ☐ Divorced ☐ Separated ☐
Date of Birth: _____ Age: _____ Spouse's Last Name: _____
Male ☐ Female ☐ Spouse's First Name: _____
of Children: _____ Ages: _____ Spouse's Employer: _____
Names of Children: _____

EMERGENCY CONTACT INFORMATION (Please print clearly)

Name of Emergency Contact: _____ Relationship: _____
Address: _____
Telephone: _____

Employee Signature

Date

EMPLOYMENT DATA (To be completed by Supervisor)

Date of Hire: _____ Job Title: _____
Start Date (if different): _____ Full Time ☐ Part Time ☐ Temporary ☐
Remuneration: \$ _____ Hourly ☐ Weekly ☐ Bi-Weekly ☐ Other ☐ Frequency of Pay: _____
Keys to Premises: Yes ☐ No ☐ Assigned Alarm Code (if applicable): _____|_____
Details of Bonus (if applicable): _____
Additional Notes: _____

Supervisor Signature

Date: