EMPLOYEE INFORMATION FORM

Employee ID: _____ Department: _____

Personal Information:

Full Name: _____

Date of Birth: _____ Place of Birth: _____

Gender: _____ Marital Status: _____

Canadian Social Insurance Number (SIN): _____

Contact Information:

Home Address: _____

City: _____ Province: _____

Postal Code: _____ Country: _____

Phone Number: _____ Email Address: _____

Employment Details:

Job Title/Position: _____

Employment Status: _____ Work Location: _____

Supervisor Name: _____

Employment Type (Full-time, Part-time, Contract): _____

Emergency Contact Information:

Contact Name: _____

Relationship: _____ Phone Number: _____

Consent and Declaration:

I hereby declare that the information provided in this form is true, complete, and accurate to the best of my knowledge. I understand that any false or misleading information may result in disciplinary action, up to and including termination of employment. I consent to the collection, use, and disclosure of my personal information for purposes related to my employment, in accordance with Canadian privacy laws and company policies.

Employee Signature: _____

Date: _____

Employer Representative Signature: _____

Date: _____

EMPLOYEE SIGNATURE

Signature: _____

EMPLOYER REPRESENTATIVE SIGNATURE

Signature: _____