



# EMPLOYEE INFORMATION FORM

1. PERSONAL INFORMATION			
Last Name	First Name	Middle Initial(s)	
Social Insurance #	Date of Birth		
	Mm:	Dd:	Year:

2. CURRENT ADDRESS & CONTACT INFORMATION			
Street Address			
City	Province	Postal Code	Email Address: (Direct deposit stub's & T4's will be emailed to this address)
Home Telephone	Alternate Telephone (Cell)		
(        )	(        )		

3. EMERGENCY CONTACT INFORMATION	
Emergency Contact Name	Emergency Contact Telephone #
	(        )
Relationship	

Signature: (Direct deposit stubs and T4's will be emailed to the email address provided above)	Date
	mm:        dd:        Year:

What size T-shirt do you wear? Adult    S    M    L    XL    XXL    other \_\_\_\_\_

PAYROLL DIRECT DEPOSIT - IF possible please attach a "Void" cheque		
Institution No.	Branch ID	Account No.
0		

FOR OFFICE USE ONLY:			
Posted By _____	Date _____	Posted In <input type="checkbox"/> Simply	Posted In <input type="checkbox"/> EFT