

### NEW EMPLOYEE INFORMATION FORM

PLEASE COMPLETE THE FOLLOWING INFORMATION IN ADVANCE OF YOUR DOCUMENTATION APPOINTMENT WITH HUMAN RESOURCES:

<b>Employee #:</b>			
Last Name:		First Name / (MI):	
SIN:		Date of Birth (Y/M/D):	
Driver's License # and Classification(s)		Driver's License Expiry (Y/M/D)	
Gender:		Start Date:	
<b>HOME ADDRESS:</b>			
Street:		RR/Post Office Box:	
City:		Province:	Postal Code:
<b>CONTACT INFORMATION:</b>			
Home Phone:		Mobile/Pager:	
Email:		Other: _____	
Emergency Contact #:		Emergency Contact Name:	
<b>POSITION INFORMATION: FOR COMPLETION BY HUMAN RESOURCES</b>			
<b>POSITION I</b>	Competition #:		Position Control #:
	Position Title:		Status:
	Department:		Cost Centre:
	Employee Group:		Wage Rate:
	Start Date:		End Date:

<b>DOCUMENTATION CHECKLIST (FOR HUMAN RESOURCES PURPOSES):</b>	
<input type="checkbox"/> Void Cheque <input type="checkbox"/> Federal Tax Form <input type="checkbox"/> Provincial Tax Form <input type="checkbox"/> Statement of Confidentiality <input type="checkbox"/> French Language Questionnaire <input type="checkbox"/> CPR Certification (if applicable) <input type="checkbox"/> Criminal Background/Vulnerable Sector Screen <input type="checkbox"/> Clear & Current <input type="checkbox"/> Original verified by: <input type="checkbox"/> Date of CPIC:	<input type="checkbox"/> Professional/Trade License <input type="checkbox"/> Driver's License <input type="checkbox"/> SIN Card <input type="checkbox"/> Verify Registration for New Employee Welcome <input type="checkbox"/> Verify scheduled OHS Appointment <input type="checkbox"/> Forward to Payroll <input type="checkbox"/> Employee Self Service Card with Employee Number