

PLEASE PRINT

PERSONAL DATA FORM RETURN TO HR

| NE | W EMPLOYEECURRENT EM | PLOYEE | _FT ORPT |
|---------------------------|---|--------------------------------------|---------------------------------|
| If Current Employee, Rea | ason for Change & Effective Date: | | |
| NAME: | | | |
| | First | MI | Last |
| Social Insurance Numb | er: | Maiden Name: | |
| ADDRESS: | | | |
| Street: | | | Apt. #: |
| City: | Province: | | Postal Code: |
| Home Phone: | Cell Phone: | | |
| Personal Email: | | May we communic | cate with you via email? Yes No |
| Work Email: | | | |
| EMERGENCY CONT | TACT: | | |
| Name | Relationship: | · | Phone # |
| Name | Relationship: | · | Phone # |
| NOTI | E: This section should be complet | ed by NEW EM | PLOYEES only |
| | Gender: Male Birth Date: Employment Date: | | |
| Employee Signature: | | | Date: |
| E 2124 N | | D | |
| racinty Name: I Inion: | | Department: Typg: Sister I | PERMIT MEMBER |
| 0141014 | DUES%: | III. SIGILIKI | ELEVIET IVELINDENC |