

# HIGH ANGLE

## IRONWORKS

New Hire Form	
Full Name:	
Street Address:	
City / Province:	
Postal Code:	
SIN# (9 digits):	
Date of Birth:	
Cell Number:	
Email for Paystubs:	

EMERGENCY CONTACT INFORMATION	
Name:	
Relationship:	
Phone Number:	

DIRECT DEPOSIT BANKING DETAILS
<p><b>*Please provide a VOID Cheque or Direct Deposit Form from your bank*</b></p>

ACCOMODATIONS	
Do you have any previous injuries and/or physical limitations that require modified duties?	<input type="checkbox"/> No <input type="checkbox"/> Yes (please provide details below)
Details:	