

**COMPANY NAME:**

**NEW EMPLOYEE INFORMATION FORM**

FOR OFFICE USE ONLY:

Start Date: \_\_\_\_\_ Salary/Wage: \_\_\_\_\_ per \_\_\_\_\_

**Personal Information**

Full Name: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City Prov. Postal Code*

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_

**Job Information**

Title: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Department: \_\_\_\_\_

Work Location: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Emergency Contact Information**

Full Name: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City Prov. Postal Code*

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_