Employee Information Form

Personal Information:

Last Name: _____ First Name: _____

Address: _____

_____

Telephone: _____ Cell: _____

Date of Birth: _____ Social Insurance #: _____ - _____ - _____

Email: _____

Emergency Contact:

Name: _____ Relationship: _____

Telephone: _____ Cell: _____

Direct Deposit Agreement

Bank Code: _____

Transit Code: _____

Account Number: _____

Please attach a void cheque or deposit slip.