Employee Information Form

OUR PEOPLE

To be completed by the employee for new hires, re-hires or if your personal information has changed			
Personal Information			
Have you previously been employed by the Municipality? ◯ **No** ◯ **Yes** **If yes, employee #:**			**SIN #**
First Name:	**Middle Name:**	**Last Name:**	**Preferred Name:**
Date of Birth (MM/DD/YYYY):	**Sex:** Choose an option...	**Home Phone #:**	**Cell Phone #**
Mailing Address (PO Box or Street #, Street Name, Apt. #, City, Postal Code :			
Civic Address (If Different from Above, Street #, Street Name, Apt. #, City, Postal Code):			
Personal Email (Optional):		**Marital Status:** ◯ **Single** ◯ **Married/ Equivalent to Married**	
Emergency Contact Information			
Emergency Contact Name:	**Relationship:**	**Phone Number #:**	**Alternate Phone Number #:**
Civic Address (If Different from Above, Street #, Street Name, Apt. #, City, Postal Code):			
Direct Deposit Information: Proof of Banking Information from Financial Institution Must be Attached (i.e., Void Cheque)			
◯ **Initial Set-Up** ◯ **Additional Account** ◯ **Change in Existing Account**			
Employee Signature:			
Signature:		**Date:**	