

Employee Information Form

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 Assigned at Birth:	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:	