

EMPLOYEE GENERAL INFORMATION

First Name _____ Last Name _____
Street _____ City _____
Province _____ Postal Code _____ E-mail _____
Birth Date (Y/M/D) ____/____/____ Sex MALE FEMALE S.I.N _____

TAXATION INFORMATION

Hire Date (Y/M/D) ____/____/____ First Day Worked (Y/M/D) ____/____/____
CPP Exemption YES NO E.I Exemption YES NO E.I Rate Type NORMAL REDUCED
Province of Taxation _____ % Vacation _____% PAY EACH ACCRUE

BANKING INFORMATION ATTACH VOID CHQ.

Direct Deposit YES NO

PRIMARY ACCOUNT

Bank (3 DIGITS) _____ Branch (5 DIGITS) _____ Account Number _____

SECONDARY ACCOUNT

Bank (3 DIGITS) _____ Branch (5 DIGITS) _____ Account Number _____

Second Deposit Amount \$____

PAY INFORMATION

Type HOURLY SALARY Payrate \$ _____ Per _____

OTHER TYPE

Type HOURLY SALARY Payrate \$ _____ Per _____

Additional Notes _____

***A COPY OF A VOID CHEQUE TO BE FAXED WITH THIS FORM**