



New Employee Form

Please Print

EMPLOYEE NUMBER: _____ DEPARTMENT NUMBER: _____

POSITION/TITLE: _____

EMPLOYEE SURNAME: _____ FIRST NAME: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

HOME PHONE # _____

S.I.N.#: _____ BIRTH DATE: _____ HIRE DATE: _____
DD / MM / YYYY DD / MM / YYYY

IF RE-HIRE PLEASE SPECIFY APPLICABLE DATE:

DD / MM / YYYY

ANNUAL PERSONAL EXEMPTIONS:

FEDERAL TAX EXEMPTION: Please attach a Federal TD1 form **ONLY** if different from regular exemptions.

PROVINCIAL TAX EXEMPTION: Please attach a TD-Provincial form **ONLY** if different from regular exemptions.

EMPLOYEE TYPE: (Please check one employee type and complete applicable columns)

<input checked="" type="checkbox"/>	Employee Type	Normal Hours Per Pay	Rate of Pay
<input type="checkbox"/>	Hourly		\$ Per Hour
<input type="checkbox"/>	Salary		\$ Per Pay

Please provide a **VOID CHEQUE** for Direct Deposit

_____ 5 digit transit number

_____ 3 digit bank number

_____ bank account number

AUTHORIZATION: _____
Employee Signature