



EMPLOYEE NUMBER

Personal Information

First Name Preferred Name		Last Name	
Student Number		Date of Birth	
Social Insurance Number (SIN)		<i>If SIN starts with a 9, a copy of your Permit/Visa/Immigration document(s) must be attached.</i>	
1. Copy of Study/Work Permit/Visa	Yes	No	
2. Permit/Visa duration	to		
3. Copy of SIN Card/ SIN Confirmation	Yes	No	
Address			
City		Province	
Postal Code		Telephone	
Email			

Mandatory Training (click [here](#))

New Worker Safety Orientation	completion date
Workplace Bullying and Harassment Training	completion date
Privacy & Information Security Fundamentals Training	completion date
Workplace Violence Prevention Training	completion date

To be completed by the Supervisor

Monthly Salary		SpeedChart	
Start Date		End Date	
Keys Required		Alarm Code	Room Number
Supervisor's Name		Supervisor's Approval	Date