

Employee Information Form



| <i>This section to be completed by the Employee for New Hires, Re-Hires, or if your Personal Information has changed</i> | | |
|---|-----------------------------|-------------------------------|
| Personal Information: | | |
| Have you previously been employed by the Municipality? | | |
| No | Yes | If yes, employee #: |
| First Name: | Middle Name: | Last Name: |
| Preferred Name: | Date of Birth: (YYYY/MM/DD) | Gender Identity: |
| Mailing Address: | | |
| Civic Address (if different from above): | | |
| Home Phone #: | Cell Phone #: | |
| Personal Email Address (optional): | | |
| Marital Status: | Single | Married/Equivalent to Married |
| Emergency Contact: | Relationship: | |
| Phone Number: | Alternate Phone Number: | |
| 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: | | |
| | | Date: |