S2 Complete the form with your partner's information.

Personal Information Form

Date (day / month / year)

Name (first name / last name)

Address (number / street / apartment)

(city/town / province / postal code)

Telephone number - -

E-mail

New Employee Information Form

Supervisors should complete this form and submit to Human Resources. Both the supervisor and employee must sign.

Employee (last, first name): _____

Address: _____

_____

Telephone number (home): (_____) _____

Telephone number (cell): (_____) _____

Emergency contact (last, first name): _____

Relationship: _____

Telephone number (work): (_____) _____

Telephone number (cell): (_____) _____

Supervisor's name: _____

Signature: _____ Date: _____

day / month / year

Employee Signature: _____ Date: _____

day / month / year

LIVEWORKSHEETS