

S2 Complete the form with your partner's information.

Personal Information Form

Date	<input type="text"/>							
	day	month	year					
Name	<input type="text"/>				<input type="text"/>			
	first name				last name			
Address	<input type="text"/>		<input type="text"/>				<input type="text"/>	
	number		street				apartment	
	<input type="text"/>		<input type="text"/>				<input type="text"/>	
	city/town		province				postal code	
Telephone number	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	
E-mail	<input type="text"/>							

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