

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