Mandatory New Hire/Rehire Form

For Employee Use:			
Last Name	First Name and Initial		
	mm/dd) SIN#		
Address	City		
Postal Code	Email Address		
Phone Number (H)	Phone Number (C)		
Emergency Contact	Phone Number		
Relationship of Contact			
For Employer Use:			
Department	Title		
Start Date (yy/mm/dd)	Monthly Salary or Hourly Rate		
No. of standard hours worked per week	_ Employment Status: Perm Temp Contract _		
Eligible for Benefits: Yes No	Waive Benefits Waiting Period: Yes No		
Benefits Effective Start Date	Beefits Allocation (see reverse for classes):		
	MSP Employer:% MSP Employee:%		
GWL Employer:% GWL Employee:% For Hourly Employees Only (Pay Vac. Pay Every Pay (4%): Yes No For Salaried Employees: Accrual of Vacation: Yes No			
Please Attach a VOID Cheque. See below for sample.			
JEFF PATERSON 32 MAIN STREET VANCOUVER, BC V5K 2L6 PAY TO THE ORDER OF Great Canadyan Bank 14845 YONGE STREET AURORA, ONTARIO L4G 6H8 MEMO	DATE		
(243 m) (20000 5) (23 m) (23 m)	- L 56 70°		
CHEQUE TRANSIT FINANCIAL NUMBER NUMBER INSTITUTION	ACCOUNT NUMBER (INCLUDE ALL NUMBERS – CAN VARY ON LENGTH DASHES SHOULD NOT BE ENTERED)		
Employee Signature:			
Employer Signature:			

PLEASE FILL IN ALL FIELDS. INCOMPLETE FORMS WILL BE RETURNED

For Payroll Use	
Added to Payroll:	Added to Benefits: