

Mandatory New Hire/Rehire Form

For Employee Use:

Last Name _____ First Name and Initial _____

Gender: Male Female Birthdate (yyyy/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 _____ Benefits Allocation (see reverse for classes):

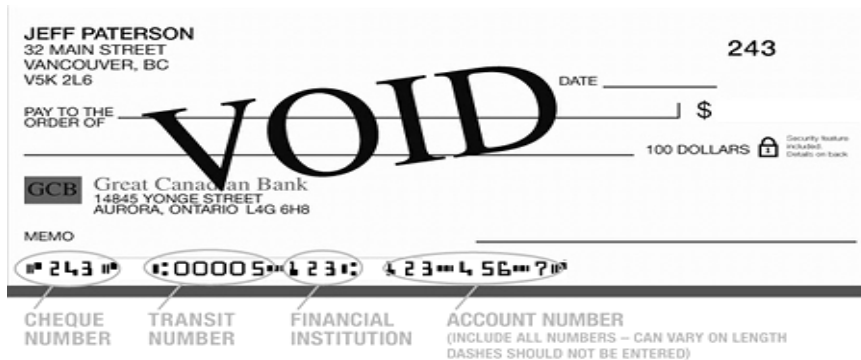
MSP Employer: ____% MSP Employee: ____%

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.



Employee Signature: _____

Employer Signature: _____

PLEASE FILL IN ALL FIELDS. INCOMPLETE FORMS WILL BE RETURNED

For Payroll Use

Added to Payroll: Added to Benefits: