

NEW EMPLOYEE INFORMATION FORM

TO BE COMPLETED BY EMPLOYER

New Hire **Re - Hire** **Update to information**

Start Date: _____ **Salary/Wage: \$** _____ **per** _____ (ex: hour, month, year, etc.)
(yyyy/mm/dd)

Payroll frequency: bi-weekly monthly semi-monthly other:

Employment Status: Permanent Temporary / Full-Time Part-Time

Is the employee related to a shareholder? Yes No
If YES, how? child sibling parent other:

Vacation rate: _____ (Per labor standards, minimum is 4%, after 5 years of service increase to 6%)
Accrued Include in each pay

Employer Name:

Employer Signature: _____ **Date:** _____

Print this form once completed, sign and return to us using a secure method. **NOT EMAIL.**

TO BE COMPLETED BY EMPLOYEE

First Name: _____ **Last Name:** _____

Birth Date: _____ **He/His** **She/Her** (Please check one)
(yyyy/mm/dd)

Social Insurance Number (SIN): _____ **Personal Email (for paystubs):** _____

Mailing Address:

Home Phone #: _____ **Cell Phone #:** _____
(indicate preferred with checkbox)

Employee Signature: _____ **Date:** _____

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Attach bank information (void cheque) for direct deposit & completed [TD1](#) & [TD1MB](#)



ATTENTION: this form contains confidential information and should not be submitted via email.
Please use more secure options, such as, our [Online Portal](#) Fax or drop off in person at the [nearest location](#).