

# Employee Hire Form

## Instructions

1. Employer - This form should be filled out AFTER the employee has been hired. It should not be used as a job application form.
2. Employee - Even if you are being rehired, you must complete the Employee Section of this form so that any changes to your personal information or preferences are recorded.
3. To avoid confusion, enter all dates with the month spelled out (e.g. June 8, 1958).
4. An asterisk (\*) indicates that a field is important. Please be sure to complete all fields marked this way.

## Employee Section

### Employee Profile

*Legal Last Name	_____	Street Address	_____
*Legal First Name	_____	City/Town	_____
Middle Initial	_____	Province/State	_____
Designation (e.g. CMA, BA)	_____	Country	_____
*Social Insurance No.	_____	Postal/Zip Code	_____
Preferred Language of Communication	_____	Phone No.	_____
*Birth Date	_____	Unlisted? <input type="checkbox"/> Yes	_____
		E-mail	_____

The following information is necessary for benefits coordination:

Gender	<input type="checkbox"/> Male	Marital Status	_____
	<input type="checkbox"/> Female	Spouse's Name	_____
Citizenship	_____	Spouse's Birth Date	_____

### Direct Deposit (may be optional - check with your employer)

First Deposit	Second Deposit - Optional
ALL of net pay will be deposited to this account except any portion specified as the 2nd deposit.	You may elect to have a certain portion of your net pay deposited to a second account.
*Financial Institution Name _____	*Financial Institution Name _____
Branch Address _____	Branch Address _____
_____	_____
_____	_____
*Transit No. _____	*Transit No. _____
*Account No. _____	*Account No. _____
	<b>*Deposit Type (Choose One Only):</b>
	<input type="checkbox"/> Dollar Value \$ _____
	<input type="checkbox"/> Percentage of Net Pay _____ %

## In Case of Emergency

### Contact #1

Name	_____	Home Phone	_____
Address	_____	Work Phone	_____
Relationship	_____	Mobile/Cell Phone	_____

### Contact #2

Name	_____	Home Phone	_____
Address	_____	Work Phone	_____
Relationship	_____	Mobile/Cell Phone	_____

### Contact #3

Name	_____	Home Phone	_____
Address	_____	Work Phone	_____
Relationship	_____	Mobile/Cell Phone	_____

## Required Documents

Place a check mark in the box for each document completed and submitted with this form.

- ☐ \*TD1 - **Federal** Tax Form
- ☐ \*TD1 - **Provincial** Tax Form
- ☐ \*Void Cheque or letter from bank - If you are enabling Direct Deposit. Be sure to attach cheques or letters for both accounts if you require two deposits.
- ☐ Employer-specific Document #1    Name: \_\_\_\_\_
- ☐ Employer-specific Document #2    Name: \_\_\_\_\_
- ☐ Employer-specific Document #3    Name: \_\_\_\_\_
- ☐ Employer-specific Document #4    Name: \_\_\_\_\_
- ☐ Employer-specific Document #5    Name: \_\_\_\_\_
- ☐ Employer-specific Document #6    Name: \_\_\_\_\_
- ☐ Employer-specific Document #7    Name: \_\_\_\_\_
- ☐ Employer-specific Document #8    Name: \_\_\_\_\_

I certify that the above information is true to the best of my knowledge.

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Employee Signature

Date

## For Office Use Only

\*Employee Number  
(if this is a rehire)

\_\_\_\_\_

\*Hire/Rehire Date

\_\_\_\_\_

Job Advertisement #

\_\_\_\_\_

Job Code(s)

\_\_\_\_\_

Position Title

\_\_\_\_\_

Department

\_\_\_\_\_

### Reports To:

Name

\_\_\_\_\_

Position Title

\_\_\_\_\_

### \*Pay Type:

Part 1

- choose ONE only

☐ Salary

☐ Hourly

Part 2

- choose ALL applicable

☐ paid Vacation Pay each pay

☐ paid Additional Accumulator  
each pay

☐ also receives commissions

\*Pay Rate

Salaried - Per Pay Period  
Hourly - Per Hour

\$ \_\_\_\_\_

Standard Hours

per Pay Period:

\_\_\_\_\_

### For This Pay Only: (optional)

Charge to GL#:

\_\_\_\_\_

2nd deposit override

- dollar amount only

\$ \_\_\_\_\_

### Vacation Accumulator

\*Plan

\_\_\_\_\_

Rate

\_\_\_\_\_ %

### Additional Accumulator

\*Plan

\_\_\_\_\_

Rate

\_\_\_\_\_ %