

# NEW EMPLOYEE FORM

## COMPANY NAME

## EMPLOYEE INFORMATION

FIRST NAME

LAST NAME

ADDRESS (No. and street, Apt.)

CITY

PROVINCE

POSTAL CODE

BIRTH DATE (DD-MM-YYYY)

PERSONAL EMAIL

PHONE NUMBER

SOCIAL INSURANCE NUMBER

FIRST DAY OF WORK

## BANKING INFORMATION

BRANCH / TRANSIT (5 digits)

INSTITUTION (3 digits)

ACCOUNT (7-12 digits)

VOID CHEQUE / DEPOSIT FORM ATTACHED?

YES

NO

Contractors: Do you consent to receiving tax forms (T4A) electronically via a secured server?

YES

NO

**FOR INTERNAL USE ONLY** (ie the employer would fill this in for their records)

PAY RATE

VACATION SETTINGS

TD1 RECEIVED?

PAY RATE UNIT

GL CODE

YES

NO