Employee Information Form

Full Name:

Address:

Phone Number:

Email:

Date of Birth:

Social Insurance Number (SIN):

Federal TD1 Form Completed: Y / N

Alberta TD1AB Form Completed: Y / N

Other Relevant Information:

Your Social Insurance Number (SIN) is required as part of your employment with [Your Company Name]. It will be used for lawful purposes, such as reporting income to the Canada Revenue Agency and processing payroll. We are committed to safeguarding your personal information and will handle your SIN in compliance with privacy laws. Your SIN will be securely stored and accessible only to authorized personnel. If you have any questions about the collection or use of your SIN, please contact [HR Representative/Contact Information].

Emergency Contact Information

Employee Name:

Primary Contact Name:

Relationship:

Phone Number:

Secondary Contact Name:

Relationship:

Phone Number:

Direct Deposit Authorization Form

Employee Name:

Bank Name:

Name Of Account Holder(s):

Account Number (12 digits):   
Branch Number (5 digits):   
Financial Institution Number (3 digits):

Employee Signature:   
Date:

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### Background Check Authorization Form

Date:

Authorization for Background Check

I, [Applicant Name], hereby authorize [Your Company Name] to conduct a background check as part of the hiring process. I understand that this may include verifying my employment history, educational credentials, criminal records, and references.

Applicant Signature:

Date: