

## EMPLOYEE INFORMATION AND AGREEMENT FORM

Location of Employment: \_\_\_\_\_ Employee Number: \_\_\_\_\_

### Personal Information:

Full Legal Name: \_\_\_\_\_

Date of Birth (YYYY-MM-DD): \_\_\_\_\_

Social Insurance Number (SIN): \_\_\_\_\_

Current Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Employment Details:

Job Title/Position: \_\_\_\_\_

Department: \_\_\_\_\_

Employee Status (Full-time/Part-time/Contract): \_\_\_\_\_

Work Location: \_\_\_\_\_

Supervisor/Manager Name: \_\_\_\_\_

### Compensation and Benefits:

Salary or Hourly Rate: \_\_\_\_\_ CAD

Pay Frequency (e.g., Bi-weekly, Monthly): \_\_\_\_\_

Eligible for Benefits (Yes/No): \_\_\_\_\_

### Canadian Employment Standards Compliance and Agreement:

By signing below, Employee acknowledges receiving, reading, and understanding all applicable policies, procedures, and standards of employment, including those related to workplace safety, harassment, and confidentiality. Employee agrees to comply with all lawful directives and understands that employment is subject to compliance with all applicable Canadian federal and provincial laws, including employment standards, human rights legislation, and privacy laws. Employee consents to the collection, use, and disclosure of personal information as required for employment purposes in accordance with Canadian privacy laws and the organization's policies.

### Employee Acknowledgement and Signature:

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date Signed (YYYY-MM-DD): \_\_\_\_\_

### Employer Representative Acknowledgement and Signature:

Print Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date Signed (YYYY-MM-DD): \_\_\_\_\_

### Privacy and Data Protection:

The Employer collects and manages personal information of the Employee in compliance with the Personal Information Protection and Electronic Documents Act (PIPEDA) and any applicable provincial privacy legislation. The Employee consents to such collection, use, and disclosure by signing this form. Personal information will be used solely for employment-related purposes and retained only for as long as necessary or as required by law.

**Workplace Health and Safety:**

Employee agrees to abide by all applicable workplace health and safety laws and regulations under Canadian law, including but not limited to the Canada Labour Code, and any provincial legislation relevant to the worksite. Employee must promptly report any unsafe conditions, injuries, or incidents to the Employer.

**EMPLOYEE SIGNATURE**

**EMPLOYER REPRESENTATIVE SIGNATURE**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Original source of this document:

<https://docstemplates-ca.com/employee-form/>

Did you find this template helpful?

Find more updated templates at:

<https://docstemplates-ca.com/>

[View more templates](#)

This template is intended exclusively for personal, non-commercial use.  
If distributed or published, the source must be mentioned.

This template is provided for guidance only and does not constitute legal advice.  
It is recommended to consult a legal professional for each specific case.