

NEW HIRE EMPLOYMENT FORM

Employee Name: _____ Employee ID: _____

Personal Information:

Full Legal Name: _____

Date of Birth: _____ Social Insurance Number (SIN): _____

Address: _____

Phone Number: _____

Email Address: _____

Employment Details:

Position / Job Title: _____

Department: _____

Employment Type: _____

(Full-Time / Part-Time / Contract / Temporary / Other)

Compensation and Benefits:

Salary / Hourly Wage: _____ CAD

Pay Frequency: _____

Benefits Eligible: _____

Emergency Contact Information:

Name: _____

Relationship: _____

Phone Number: _____

Employee Agreements and Acknowledgments:

1. I certify that the information provided on this form is accurate and complete to the best of my knowledge.
2. I understand that any false information or omissions may result in termination of my employment.
3. I consent to the collection, use, and disclosure of my personal information for employment purposes as required by applicable Canadian laws.
4. I acknowledge that my employment is subject to the terms and conditions set forth by the employer, including policies on confidentiality, workplace safety, and code of conduct.
5. I agree to comply with all company policies and applicable laws throughout my employment.
6. I understand that this form does not constitute a contract guaranteeing employment for any specific duration.
7. I acknowledge that I have received and reviewed the company's policies on workplace harassment and discrimination.
8. I agree to notify the employer promptly of any changes to the information provided herein.

EMPLOYEE SIGNATURE

EMPLOYER REPRESENTATIVE SIGNATURE

Signature: _____

Signature: _____

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