ONBOARDING FORM

Please complete the following information so we may get you onboarded and set up within the company’s systems. Please note, all information provided will be kept in the strictest confidence as per the applicable privacy legislation. Only those employees who require access to this information will be provided with it.

**Personal Information**

| **Full Name:** |
| --- |
| **Valid Email Address:**  |
| **Home Address:** **Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Province: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Phone Number(s):** **Cell phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Social Insurance Number:** |

**Emergency Contact Information**

Please complete the following form so that we know who to contact on your behalf in the event of an emergency.

**CONTACT 1**

| **Name:**  |
| --- |
| **Relationship to you:**  |
| **Phone Number (s):**  |
| **Email Address:**  |

**CONTACT 2**

| **Name:**  |
| --- |
| **Relationship to you:**  |
| **Phone Number (s):**  |
| **Email Address:**  |