



EMPLOYEE INFORMATION RECORD

NAME: _____
(MR./MRS./MISS/MS.) (FIRST NAME) (LAST NAME)

ADDRESS: _____
(NUMBER, STREET NAME, UNIT/APT #) (CITY) (POSTAL CODE)

TELEPHONE: () () ()
HOME CELLULAR OTHER

DATE OF BIRTH _____
MONTH DAY YEAR

SOCIAL INSURANCE NUMBER (SIN) : _____
IF SIN NUMBER STARTS WITH THE DIGIT "9" ATTACH A COPY OF YOUR WORK AUTHORIZATION FROM IMMIGRATION CANADA

HEALTH CARD NUMBER: _____

DOCTOR'S NAME: _____ DOCTOR'S PHONE () _____

ANY ALLERGIES OR MEDICAL CONDITIONS WE SHOULD KNOW ABOUT IN THE EVENT OF AN EMERGENCY (especially allergy to copper) ??? _____

IN CASE OF AN EMERGENCY PLEASE CONTACT THE FOLLOWING:

1) NAME: _____ PHONE () _____
(FIRST AND LAST NAME)

2) NAME: _____ PHONE () _____
(FIRST AND LAST NAME)

BANKING INFORMATION:

WE PAY YOU BY DIRECT DEPOSIT AND IN ORDER TO DO THAT WE NEED THE INFORMATION OF THE BANK THAT YOU WOULD LIKE YOUR PAY TO BE DEPOSITED IN. PLEASE ATTACH A PERSONAL CHEQUE MARKED "VOID" OR A FULLY ENCODED DEPOSIT SLIP SHOWING YOUR BANKING INFORMATION.

I HEREBY AUTHORIZE JEFFERY'S GREENHOUSES TO DIRECTLY DEPOSIT MY PAY INTO THE FOLLOWING BANK ACCOUNT:

BANK NAME _____ PHONE () _____

BANK ADDRESS _____
(NUMBER, STREET, UNIT #) CITY POSTAL CODE

TRANSIT NUMBER _____ BANK CODE _____ BANK ACCOUNT _____
FIVE DIGITS THREE DIGITS

EMPLOYEE SIGNATURE _____

DATE _____