

EMPLOYEE INFORMATION RECORD



NOTE: ONLY SEND THIS FORM BY FAX TO JEFFERY'S HUMAN RESOURECES DEPT. AT (866)-706-6881 OR THROUGH THE SECURE DOCUMENT TRANSFER PORTAL ON JEFFERY'S WEBSITE.

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 _____ **Social Insurance Number** _____
MONTH DAY YEAR IF SIN NUMBER STARTS WITH THE DIGIT "9" ATTACH A COPY OF YOUR WORK AUTHORIZATION FROM IMMIGRATION CANADA

EMAIL ADDRESS: _____

Your password for emailing payslips and entering your hours worked will be your first name and last two digits of your year of birth.
Your Logon name for entering your hours worked is your First and Last Name.

HEALTH CARD NUMBER: _____

DOCTOR'S NAME: _____ **DOCTOR'S PHONE** _____

ANY ALLERGIES OR MEDICAL CONDITIONS WE SHOULD KNOW ABOUT IN THE EVENT OF AN EMERGENCY ??

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