

Employee Information Form

First Name:	Surname:		Phone:	
Address:		City:		
Province: Postal C	Code:	_ Email address:		
Legal Land Description/Physics	al Address:			
Gender: Male Female	Marital Status:	☐ Single ☐ Married	Common-Law Separated/Divorced	Widowed Other
Date of Birth:mm/dd/yyyy	SIN:			
Emergency Contact (optional):		Relationship:	Phone	e No.:
Have you had previous employ	ment with Chinook's Ed	ge School Division	n? Yes / No Previous N	Name
Are you coming directly from a	n employer where you h	ad membership wi	th a pension plan? Yes	/ No
	If yes pleas	se state the Name o	f the pension plan:	
	Electr	onic Pay Deposit		
All Payroll and expense claim pay bank and can be split by flat amor All pay to one account should be in for each account.	unt or by percentage (no d	lecimals). All inform	nation must be completed	for each account or bank.
Financial Institution Name:				
Deposit Type:	Amount \$ or	Percent	% or Balance	-
Financial Institution Name:				
Deposit Type:	Amount \$ or	Percent	% or Balance	
By signing below, I hereby auth acknowledge and authorize the fol		hool Division to de	posit my earnings to the	above account(s). I also
Service secure website wiIf an error occurs during t	th the ability to print copie	es as required. orrections will be ma	ok's Edge School Division ade in the month following loyee.	
Signed:		Date:		

The personal information requested on this form is collected under the authority of the School Act that mandates the program operations and services offered by the Chinook's Edge School Division No. 73 and will be protected under the privacy provisions of the Freedom of Information and Protection of Privacy Act. If you have questions about the collection and use of the information, contact the FOIP Coordinator, Chinook's Edge School Division No. 73 at (403) 227-7070.