



**New Employee  
Personal Information Form**

**Important:**  
This information is urgently required in order to begin the payroll process.  
Complete immediately and return with any other required documents. Please print.

<b>Employee Number:</b> (if known)		<b>Social Insurance Number (SIN):</b>	
Mr. <input type="checkbox"/>		Ms. <input type="checkbox"/>	
<b>Full Legal Name:</b>			
Last Name		First Name	Other Names (Circle Name Used)
<b>Address:</b> Apt /Suite #		# and Street	City Postal Code
<b>Home Phone:</b>	<b>Cell Phone:</b>	<b>Email Address:</b>	<b>Date of Birth:</b> (Day/Month/Year)
<b>Who should we notify in case of Emergency?</b>			
Name _____		Relationship _____	
Phone Number _____ (If your emergency contact resides with you, please provide a contact phone other than your residence)			
<b>If you speak another language and would be willing to act as a translator if required, please indicate the language(s) below:</b>			
1) _____		2) _____	3) _____

If you have contributed to the *Municipal Pension Plan* at your **last** employer in the 30 days previous to employment with Vancouver Island Health Authority, we must enroll you immediately onto our Municipal Pension Plan.

Were you contributing to the Municipal Pension Plan at your **last** employer?    Yes        No

If **'yes'**, please give us the following information:

Last day of employment at your **last** employer: yy/mm/dd \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name of **last** employer: \_\_\_\_\_      Telephone number of last employer: \_\_\_\_\_

Are you in receipt of CPP Payments?    Yes        No      If **'yes'**, please forward the **"Notice of Entitlement"** from Human Resources Development Canada to Records & Benefits.

<b>Employee Signature:</b>	<b>Date:</b>
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