

**New Hire Information Form**

DEPARTMENT OF

**HUMAN RESOURCES**

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| **PERSONAL INFORMATION** |
| Last Name:       | First Name:       |
| Middle Name:       | Preferred Name:       |
| Employee ID (if known):       | Social Insurance Number:       |
| Start Date:       | Date of Birth (Year/Month/Day):        |
| Citizenship:       | Gender: Male [ ]  Female [ ]  Other [ ]  |
| Permanent Mailing Address:       |
| City:       | Province:       |
| Postal Code:       | Alternate Email:       |
| Home Phone #:       | Cell Phone #:       | Work Phone #:       |
| Work Permit or Visa (if applicable): **If yes, you must provide a copy of your work permit and Social Insurance Number** Yes [ ]  No [ ]  |
| Do you have a current or former Student/Eden #?: Yes [ ]  No [ ]  | Student/Eden #:       |

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| **EMERGENCY CONTACTS** |
| **Primary Contact** |
| Name:       | Relationship:       |
| Home Phone #:       | Cell Phone #:       | Work Phone #:       |
| **Secondary Contact** |
| Name:       | Relationship:       |
| Home Phone #:       | Cell Phone #:       | Work Phone #:       |

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| **DIRECT DEPOSIT INFORMATION** |
| I have attached to this form one of the following: | [ ]  Void Cheque | [ ]  Print out from my financial institution |
| Your pay will be deposited to your bank account as per the payroll schedule. Your account must be with a financial institution in Canada. Please attach a void cheque or a form from your online banking or bank branch providing the electronic information (Institution Name, Institution Number, Transit Number and Account Number) for direct deposit. If you do not provide this information, delays in payment may result. |

**All of the following forms listed below must be returned to Human Resources to activate employment. Please check to ensure they are completed and attached.** All forms can be found on the HR website at: <http://hr.acadiau.ca/forms.html>

[ ]  **TD1 Forms (Federal and Provincial)**

[ ]  **Direct Deposit Information**

[ ]  **Benefit Enrolment Forms (if applicable)**

Employee Name (Please Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: ­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Form Revision Date: March 29, 2017