

EMPLOYEE INFORMATION FORM

First Name:	Middle Initial:	Last Name:	
SIN:	_ Date of Birth (MM/[DD/YYYY):	Gender:
*if SIN starts with a 9, please also include work/study permit and SIN documents.			
\square Section 1: Rehire Section - Complete this section if you have previously been employed at St.FX			
Has any of your personal information changed?			
☐ Yes – Complete Section 2			
□ No – Fill out new <u>TD1</u> and <u>TD1NS</u> forms and return to the hiring manager			
☐ Section 2: New Hire Section - Complete this section if you have never been employed by St.FX before			
Civic Address:			-
City:	Province:	Postal Code: _	
Phone #:	Email Addre	ss:	
Emergency Contact Name:	Eme	ergency Phone #:	
Relationship:			
☐ <u>TD1</u> and <u>TD1NS</u>			
\square Banking Information – attach direct deposit form or void cheque			
**Your pay will be deposited to your You must attach a void cheque or a f ID, Transit Number, and Account Nu will not be paid.	form from your bank pro	viding the electronic infor	mation (Institution/Bank
Please return this completed form along with your completed TD1, TD1NS, and any other required documents to your hiring manager			
Signature:	Date	e:	