

EMPLOYEE INFORMATION

Full name: _____
Last name First name Middle initials

Gender: _____ Title (Mr./Ms./Mrs./Other): _____

Address: _____
Street address Apartment/Unit #

City Province Postal Code

Main phone: _____ Additional phone: _____

Email address: _____

Social Insurance Number or other government ID: _____

Birth date: _____ Marital status: _____

EMERGENCY CONTACT

Name: _____

Relationship: _____

Phone: _____

Employer: _____

Work phone: _____

CERTIFICATIONS & TRAINING *(First Aid/Working at heights/Elevated work platform) etc.)*

_____ Expiry: _____

_____ Expiry: _____

_____ Expiry: _____