



Personal Information

1 Employee Information

Last name	First name	Middle name
Employee number	Social Insurance number	Care Card number
Address		
City		Postal code
Home phone	Cell phone	Date of birth (mm/dd/yyyy)v

I allow my picture to be added to the Township of Langley Outlook address book for employees. (internal use only) Yes No

2 Emergency Contact

Last name	First name	Relationship
Home phone	Cell phone	Work phone
Use emergency contact for Working Alone Program emergency number?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Working Alone Program emergency number (if different than emergency contact)

3 Signature

I verify the information provided is true and accurate.

Employee's signature

Date (mm/dd/yyyy)