

# Personal Information

## 1 Employee Details

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)	

## 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)

Any personal information collected on this form will be managed in accordance with the Freedom of Information and Protection of Privacy Act. Direct enquiries, questions, or concerns regarding the collection, use, disclosure, or safeguarding of personal information associated with this form to: Supervisor, Information, Privacy, and Records Management, Township of Langley, 20338 – 65 Avenue, Langley, BC V2Y 3J1 fo@tol.ca 604.532.7396