



EMPLOYEE DATA FORM

DATE: _____

Mr. Mrs. Ms. (please circle one)

First Name: _____

Last Name: _____

Home Address:

Address: _____
Town/City: _____
Province: _____
Postal Code: _____

Mailing Address:

(leave blank if same as above)

Address: _____
Town/City: _____
Province: _____
Postal Code: _____

Email:

(not KAIT related)

Home Phone:

Other Phone:

Fax:

Birthdate:

(mm/dd/yy)

Social Insurance

Number:

Emergency Contact

Name:

Emergency Contact

Number:

NOTE: This information is CONFIDENTIAL and will not be released to any organization except to meet the legitimate requirements of government agencies. Telephone numbers and home addresses may be withheld from public access lists at the request of the employee.