(For the area of Central West)

**EMPLOYEE DATA COLLECTION SHEET**

Please complete all the information below. Questions about this collection of personal information should be forwarded to Human Resources.

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Middle Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***(As listed on your SIN card)***

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Preferred Name  (e.g. Bob, Jen): | |  | Prefix  (e.g.: Mr., Mrs., Ms.): |  |
| Social Insurance Number: | |  | Birth Date (dd/mmm/yyyy): |  |
| Phone Number: (Home) | |  | Cell: |  |
| Home Address: |  | | Apt./Unit # |  |
| City: |  | | Postal Code: |  |
| Email Address: |  | | | |

**Mailing Address:** *(if different from your home address)*

|  |  |  |  |
| --- | --- | --- | --- |
| Home Address: |  | Apt./Unit #: |  |
| City: |  | Postal Code: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Emergency Contact: |  | | |
| Relationship to Contact: |  | | |
| Phone Number: (Office) |  | Cell: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Other Language: |  | Speak  Read  Write | Fluency Level: |  |

Photo Consent:

I give Ontario Health atHome permission to post my photo ID picture on the Intranet and/or use any photographs(s) including my likeness in any and all publication or communication including, but not limited to newsletters, brochures, displays, reports and websites

I do not give Ontario Health atHome permission to post my photo ID picture on the Intranet and/or use any photographs(s) including my likeness in any and all publication or communication including, but not limited to newsletters, brochures, displays, reports and websites

**EDUCATION & TRAINING**

Please print your degree (s), diploma (s) etc, (e.g. BA, Grade 12, CA) and check appropriate educational achievement.

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Degree  Diploma  Designation  Certificate
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Degree  Diploma  Designation  Certificate

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Degree  Diploma  Designation  Certificate

Major: Your major corresponding to the order listed above, degree (s), diploma (s), and institution (s), (e.g. Administration, General, Accounting).

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year the degree (s), diploma (s) etc. was earned/expected (e.g. 1999) corresponding to the order listed above.

1. \_\_\_\_\_\_\_\_\_\_\_\_\_ Graduate Earned  Yes  No

2. \_\_\_\_\_\_\_\_\_\_\_\_\_ Graduate Earned  Yes  No

3. \_\_\_\_\_\_\_\_\_\_\_\_\_ Graduate Earned  Yes  No

Name of Institution: Corresponding to the order you listed your degree (s), diploma (s) etc., (e.g. University of Toronto, High School (no specific name required), Canadian Association of Chartered Accountants)

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country: Name of country of the institution corresponding to the order listed above (e.g. Canada, US, China)

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_