| COMPANY NAMENEW EMPLOYEE INFORMATION FORM | | | | | | | |
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| **EMPLOYEE INFORMATION** | | | | | | | |
| Name: | | | | | | | |
| Date of birth: | | SSN: | | | Phone: | | |
| Current address: | | | | | | | |
| City: | | State: | | | ZIP Code: | | |
| Own Rent (Please circle) | | Monthly payment or rent: | | | | How long? | |
| Previous address: | | | | | | | |
| City: | | State: | | | ZIP Code: | | |
| Owned Rented (Please circle) | | Monthly payment or rent: | | | | How long? | |
| **Employment Information** | | | | | | | |
| Current employer: | | | | | | | |
| Employer address: | | | | | | How long? | |
| Phone: | E-mail: | | | | Fax: | | |
| City: | | State: | | | ZIP Code: | | |
| Position: | | Hourly Salary (Please circle) | | | Annual income: | | |
| Previous employer: | | | | | | | |
| Address: | | | | | | How long? | |
| Phone: | E-mail: | | | | Fax: | | |
| City: | | State: | | | ZIP Code: | | |
| Position: | | Hourly Salary (Please circle) | | | Annual income: | | |
| Name of a relative not residing with you: | | | | | | | |
| Address: | | | | | | Phone: | |
| City: | | State: | | | | ZIP Code: | |
| Relationship: | | | | | | | |
| **legal Partner information** | | | | | | | |
| Name: | | | | | | | |
| Date of birth: | | SSN: | | | Phone: | | |
| Current address: | | | | | | | |
| City: | | State: | | | ZIP Code: | | |
| Own Rent (Please circle) | | Monthly payment or rent: | | | | How long? | |
| Previous address: | | | | | | | |
| City: | | State: | | | ZIP Code: | | |
| Owned Rented (Please circle) | | Monthly payment or rent: | | | | How long? | |
| Name of a relative not residing with you: | | | | | | | |
| Address: | | | | | | Phone: | |
| City: | | | State: | | | ZIP Code: | |
| Relationship: | | | | | | | |
| **Other Loans, Debts, or Obligations** | | | | | | | |
| Description | | | Account no. | Amount | | | |
|  | | |  |  | | | |
|  | | |  |  | | | |
|  | | |  |  | | | |
| **Other Assets or Sources of Income** | | | | | | | |
| Description | | | | Amount per month or value | | | |
|  | | | |  | | | |
|  | | | |  | | | |
| I authorize [Company Name] to verify the information provided on this form as to my credit and employment history. | | | | | | | |
| Signature of applicant | | | | | | | Date |
| Signature of co-applicant, if for joint account | | | | | | | Date |

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| Have you contributed to a pension plan (other than Canada Pension Plan) within the past 30 days? YES / NO  (please circle one) If yes, please indicate the employer & pension plan name: [Name Here]  For payroll direct deposit purposes, please attach a void cheque to this form.  Please attach a completed and signed TD1 form.  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Employer signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |