## **Employee Information**

Date:



FileHold Systems Inc 250-4664 Lougheed Hwy Burnaby, BC Canada

O New O Revised		Canada V5C 5T5 Phone: 604-734-5653 Fax: 111-222-4444
Employee Name:		www.filehold.com
Address:		
State/Province:		
Zip/Postal Code:		
SS Number:	Person to Notify in Case of	f Emergency
Home Phone:	Name (1):	
Cell Phone:	Address:	
Employee Status	State/Province:	
	Zip/Postal Code:	
Date of employment:	Home Phone:	
Job title:	Work Phone:	
Salary: Type of Employment	Cell Phone:	
C Full-Time	Relationship:	
O Part-time		
○ Contractor		
De very herre e duireur lierner?	Name (2):	
Do you have a drivers license?	Address:	
	State/Province:	
Driver's License number:	Zip/Postal Code:	
State of Issue:	Home Phone:	
License Type Operator	Work Phone:	
e e e e e e e e e e e e e e e e e e e		
Commercial	Cell Phone:	
Chauffeur	Relationship:	

## For insurance purposes only, list all dependants

Name	Relationship	Birth Date

Special Needs:			