SANITATION BROS INC

Industrial Hygiene. Peak Performance. | (647) 365-1503 | sanitationBros20@gmail.com

NEW EMPLOYEE INFORMATION

Complete before first day — all sections required

All information is kept strictly confidential and used only for payroll, HR, and workplace safety purposes.

1 — PERSONAL INFORMATION

FULL LEGAL NAME (LAST, FIRST, MIDDLE) | PREFERRED NAME | DATE OF BIRTH | GENDER (OPTIONAL) Prefer not to say

HOME ADDRESS | CITY | PROVINCE | POSTAL CODE | COUNTRY

PERSONAL PHONE | PERSONAL EMAIL | SIN — SOCIAL INSURANCE NUMBER (PAYROLL REQUIRED)

2 — EMPLOYMENT DETAILS

JOB TITLE / POSITION | DEPARTMENT | START DATE | HOURLY RATE $ | PAY CYCLE Bi-Weekly

EMPLOYMENT TYPE: Full-Time Part-Time Casual Seasonal

3 — EMERGENCY CONTACTS (2 REQUIRED)

Emergency Contact 1

FULL NAME | RELATIONSHIP | PHONE (PRIMARY) | PHONE (ALTERNATE)

ADDRESS (IF DIFFERENT FROM EMPLOYEE) | EMAIL ADDRESS

Emergency Contact 2

FULL NAME | RELATIONSHIP | PHONE (PRIMARY) | PHONE (ALTERNATE)

ADDRESS (IF DIFFERENT FROM EMPLOYEE) | EMAIL ADDRESS

4 — HEALTH INFORMATION (VOLUNTARY — FOR WORKPLACE SAFETY ONLY)

Medical conditions we should be aware of? Yes No | IF YES, DESCRIBE

KNOWN ALLERGIES (LATEX, CHEMICALS, FOOD, ETC.) | WORKPLACE ACCOMMODATIONS REQUIRED (IF ANY)

5 — EMPLOYEE DECLARATION

I certify that all information above is accurate. I agree to notify Sanitation Bros INC of any changes.

EMPLOYEE SIGNATURE | DATE (MM/DD/YYYY) | PRINT FULL NAME

6 — DIRECT DEPOSIT AUTHORIZATION

Complete to receive pay by direct deposit. Attach a VOID cheque or bank-issued direct deposit form.

FINANCIAL INSTITUTION (BANK NAME) | ACCOUNT TYPE: Chequing | ACCOUNT HOLDER NAME (AS AT BANK)

TRANSIT NUMBER (5 DIGITS) | INSTITUTION NUMBER (3 DIGITS) | ACCOUNT NUMBER

WHERE TO FIND YOUR BANKING NUMBERS:

At the bottom of a cheque: [0 1 2 3 4] [0 0 4] [1 2 3 4 5 6 7]
TRANSIT(5) INST(3) ACCOUNT NUMBER

You can also get these from your online banking app under 'Direct Deposit' or ask your teller.
DO NOT submit actual cheques — write VOID in large letters across the face before submitting.

ATTACH: Void Cheque | Bank Direct Deposit Forr | Bank Letter / Statement

I authorize Sanitation Bros INC to deposit my pay to the account listed above. I understand I may update this at any time.

EMPLOYEE SIGNATURE | DATE (MM/DD/YYYY)

7 — GOVERNMENT-ISSUED ID (FOR HR RECORDS — 2 PIECES REQUIRED)

At least one ID must be photo ID with full legal name.

ID TYPE	ID NUMBER	ISSUING PROVINCE / COUNTRY	EXPIRY DATE	VERIFIED BY
Primary (Photo ID)				
Secondary ID				

8 — HR / MANAGER SIGN-OFF

PROCESSED BY (PRINT) | TITLE | DATE | HR / MANAGER SIGNATURE