

Northeastern Catholic District School Board

101 Spruce Street North
TIMMINS ON P4N 6M9

Telephone: (705) 268-7443
Fax: (705) 267-3590

PERSONAL DATA - OCCASIONAL

EMPLOYEE NO.: _____

NAME: _____ TELEPHONE: _____

ADDRESS: _____

_____ POSTAL CODE: _____

DATE OF BIRTH: _____ S.I.N.: _____
 YEAR MONTH DAY

DATE HIRED: _____ DEPARTMENT: _____

POSITION: _____ RATE/SALARY: _____

BANK: _____ ACCOUNT NUMBER: _____

CRIMINAL BACKGROUND CHECK DATE: _____

SIGNATURE: _____ DATE: _____

APPROVED BY: _____ DATE: _____

NOTE: ATTACH A VOID CHEQUE AND TD1 FORM TO THIS SHEET

IN ACCORDANCE WITH THE MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT, 1989, THE INFORMATION WILL BE USED ONLY FOR THE PURPOSES FOR WHICH IT WAS COLLECTED.
