



Hamilton

Please ensure your paperwork is submitted in accordance with the deadline outlined in your offer email. Failure to do so may result in a delay in start date.



## EMPLOYEE PERSONAL INFORMATION

Department: \_\_\_\_\_ Position Title: \_\_\_\_\_

Changes to Personal Information are to be completed by the employee in HOWI or My HR Info via Self Services.

### EMPLOYEE INFORMATION

SOCIAL INSURANCE #:		
LAST NAME:	LEGAL FIRST NAME:	PREFERRED FIRST NAME
PERMANENT MAILING ADDRESS:		UNIT/APT #:
CITY:		POSTAL CODE:
HOME PHONE:	CELL PHONE:	PRIMARY EMAIL:
DATE OF BIRTH ( <b>MM/DD/YYYY</b> <i>Format</i> ):	GENDER: Male                  Female	MARITAL STATUS:

### EMERGENCY CONTACT INFORMATION

NAME:	RELATIONSHIP:
HOME TELEPHONE #:	CELL PHONE #
WORK TELEPHONE #:	

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Personal information on this form is collected under the authority of the Municipal Freedom of Information and Protection Privacy Act and will be used in case of emergency and/or for payroll administration. Questions concerning the collection of this personal information should be directed to the Clerk's Department, City of Hamilton, City Hall, 71 Main St. W., Hamilton, ON L8P 4Y5.

**Direct Deposit Service Application**  
AUTHORIZATION FOR PAYMENT BY DIRECT DEPOSIT

Name

Address

Employee No. (If known)

Department

Date

Signature

Please attach a **direct deposit slip** or a **cheque marked "VOID"** with this form.

If you use online banking, you can search for a "sample cheque" that shows your banking information including the:

1. Institution Number
2. Transit Number
3. Account Number

You should be able to print out this information and **attach it to this form**.

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