

**UFCC FORM****EMPLOYEE INFORMATION**

Umbrella Family  
and Child Centres  
of Hamilton

All fields on this form **MUST** be completed.

**EMPLOYEE INFORMATION** (PLEASE PRINT CLEARLY)

First Name

Middle Name

Last Name

SIN #

SIN Expiry Date (if applicable)

☐ M ☐ F ☐ OTHER

Gender

Date of Birth (eg: May 10, 1993)

Street Address

City

Province

Postal Code

Home Phone #

Mobile Phone #

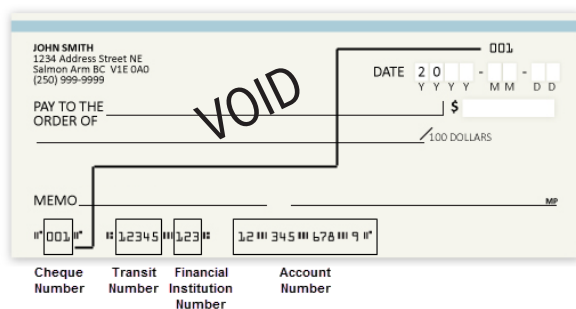
Email Address

Emergency Contact

Relationship

Emergency Contact Phone #

Please attach a **VOID** cheque with this form (see sample below). If you do not have a chequing account, please attach a paper from your bank with your account information.

**SAMPLE**

Employee Signature

Date

**FOR OFFICE USE ONLY**

Payroll Number

Department

Hire Date

Start Date

Job Title

☐ Full Time ☐ Part Time ☐ Casual

Type

Pay Rate

☐ YES ☐ NO

ECE?

RECE Membership Number

RECE Membership Expiry Date

Last Revision Approved: January 21, 2021

Date of Next Review: January, 2022