

**Conditions of Employment:** Please be advised that submission of a Police Information Check, presentation of photo ID and Social Insurance Card and attendance at an orientation are Conditions of Employment.

Employee # _____	Date of Birth: _____ <small>MM-DD-YY</small>	Social Insurance Number: _____ - _____ - _____
Name: _____	<i>First</i>	<i>Last</i>
Address: _____		
City: _____	Postal Code: _____	
Home Telephone: _____	Cellphone: _____	
Email: _____		
Gender: _____ Female    _____ Male    _____ Non-Binary    _____ Unknown or prefer not to say		
Marital Status: _____ Single    _____ Married		
Emergency Contact Name: _____	Relationship to Emergency Contact: _____	
Emergency Contact Telephone: _____	Comments: _____	
Any special medical or personal information to assist emergency care providers		
Employee currently contributing to Municipal Pension Plan (MPP) <u>OR</u> has contributed in the past? _____ Yes    _____ No    _____ <div style="text-align: right; font-size: x-small;"><i>Initials</i></div>		
If yes, please name the Employer through which Employee is contributing: _____		
Employee Signature _____	Start Date: MM-DD-YY _____	GL _____
Programmer Name _____	Programmer Signature _____	
Area Recreation Manager & Recreation Centre Supervisor Name    Area Recreation Manager & Recreation Centre Supervisor Signature		