

Employee Information

1. Personal l	nformation					
Full Given Name:	LESSARD Last	LOA	SILEE First		M Initial.	
Address:	Apt #403 -711				04	
	Thurder Bay City/Town			ON Province	Postal Code	
Home Phone:	(639) 471 -1772	Alternate Pho	one: <u>(</u>)		
Primary Email:	lonitee. lessard egm	nail.com	DOB M/D/Y	071	06/1971	
SSN#:	641392212	Status #				
2. Job Inform	nation					
Title:	Program Facilitate	Employee ID:				3
Supervisor:		Department:				
Work Location:		Work Email:	lless	iard 0	nantegation	0
Work Phone:	(Cell Phone:	()			
Start Date:	Aug. 2, 2022	Benefits		Pens	sion: Y / N	
Term Date:		Salary:	\$			
3. Emergenc	y Contact Information		(A)			
Full Name:	Knorr	W	24ne First		M Initial.	
Address:	#403-711 Weiler Street Address	r Blvd		,	Box #	
	Thurder Bay			ON Province	P7C 0 A8 Postal Code	
Primary Phone:	(780)996-9116	Alternate Ph	one: ()		
Relationship:	Common-La	ω δροι	ise			