



# NISHNAWBE - ASKI Legal Services Corporation

## Employee Information

### 1. Personal Information

Full Given Name: \_\_\_\_\_  
*Last* *First* *M Initial.*

Address: \_\_\_\_\_  
*Street Address* *Box #*

\_\_\_\_\_ **ON** \_\_\_\_\_  
*City/Town* *Province* *Postal Code*

Home Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

Primary Email: \_\_\_\_\_  
DOB M/D/Y / /

SSN # : \_\_\_\_\_ **Status #** \_\_\_\_\_

### 2. Job Information

Title: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Department: \_\_\_\_\_

Work Location: \_\_\_\_\_ Work Email: \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Start Date: \_\_\_\_\_ Benefits \_\_\_\_\_ Pension: Y / N \_\_\_\_\_

Term Date: \_\_\_\_\_ Salary: \$ \_\_\_\_\_

### 3. Emergency Contact Information

Full Name: \_\_\_\_\_  
*Last* *First* *M Initial.*

Address: \_\_\_\_\_  
*Street Address* *Box #*

\_\_\_\_\_ **ON** \_\_\_\_\_  
*City/Town* *Province* *Postal Code*

Primary Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

Relationship: \_\_\_\_\_