



NISHNAWBE - ASKI Legal Services Corporation

Employee Information

1. Personal Information

Full Given Name: Mainville Francesca M-J
Last First M Initial.

Address: 202 Christina Street South Unit 1
Street Address Box #

Sarnia ON N7T 2N2
City/Town Province Postal Code

Home Phone: (519) 328-0715 Alternate Phone: ()

Primary Email: mjfmmainville@gmail.com DOB 05 / 18 / 1970
M/D/Y

SSN # : 488 993 445 Status # na

2. Job Information

Title: Discharge Worker Employee ID: _____

Supervisor: Bonnie MacDonald Department: Discharge Program

Work Location: Thunder Bay Work Email: fmainville@nanlegal.on.ca

Work Phone: () Cell Phone: (519) 328-0715

Start Date: May 23rd, 2023 Benefits _____ Pension: Y / N _____

Term Date: Indefinite Salary: \$ 54,113

3. Emergency Contact Information

Full Name: Mainville Gaetan
Last First M Initial.

Address: 202 Christina Street South Unit 1
Street Address Box #

Sarnia ON N7T 2N2
City/Town Province Postal Code

Primary Phone: (519) 330-8026 Alternate Phone: ()

Relationship: Husband



**Nishnawbe-Aski Legal
Services Corporation**
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NEW EMPLOYEE DETAIL FORM

Personal Information:

First Name: Francesca Last Name: Mainville
Date of Birth (YYYY/MM/DD): 1970/05/18
Phone #: 519-328-0715 Alt. #: _____
Email (Personal): myfmainville@gmail.com

Home Address:

1-202 Christina St S Sarnia ON N7T 2N2
Street City Province Postal Code

Mailing Address (if different):

P.O. Box City Province Postal Code

Employment Information:

Start Date: 05-23-2023 Employee #: _____

Employment Type:

- Permanent
 Contract

End Date: _____

Employment Status:

- Full Time
 Part Time
 Casual

Position: Discharge worker

Manager: Bonnie MacDonald

Salary: 54,113
Pay Band: 6
Grid: 0

Banking & Payroll Information:

Name of Bank: Tangerine

Account #: 4016370718

Transit #: 614

Institution #: 00152

SIN #: 488-993-445

Tax Exemption:

Declaration Form Attached?

- Yes Band Membership #: _____
 No - Fed/Prov Tax Forms Attached

Pension and Benefits:

Pension Eligibility Date: 08/23/2023

Benefit Eligibility Date: 08/23/2023

Finance Only:

Date Received: _____ Entered into Adagio Systems by: _____

Nishnawbe-Aski Legal Services Corporation

Acknowledgement



****I hereby acknowledge that I have received a copy of the Nishnawbe-Aski Legal Services Corporation, Employee Manual containing the Personnel and Harassment Policies of the Corporation.****

****I hereby acknowledge that I have read and understood the Employee Manual.****

Francesca Mainville

Print Name

f. Mainville

Signature

Dated this 1st day of June, 2023



Driver's Licence
Permis de conduire

ON

CANADA

M0191-50157-05518

1,2 NAME/NOM

MAINVILLE,
M, J, FRANCESCA
8 1-202 CHRISTINA ST S
SARNIA, ON, N7T 2N2

4d NUMBER/
NUMÉRO

M0191 - 50157 - 05518

4a ISS/ DÉL

2022/05/24

4b EXP./ EXP.

2027/05/18

5 DO/ RÉF.

HJ3208629

16 HGT/HAUT. 163 cm

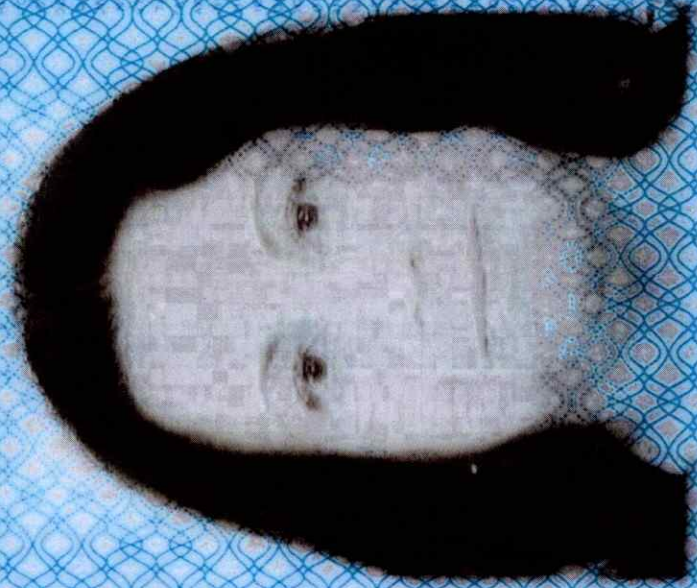
15 SEX/ SEXE

F

9 CLASS/
CATEG.

G

12 REST/
COND.



M. J. Mainville

3 DOB/DEN 1970/05/18



M0191-50157-05518
1970/05/18

M. J. Mainville

ServiceOntario.ca

NOUVELLE-QUÉBEC FRANCESCOLOMBIE ALBERTA MANITOBA ONTARIO QUEBEC SASKATCHEWAN YUKON TERRITOIRES DU NORD-OUEST DU SUD-OUEST DU NORD-EST DU SUD-EST

9 CLASS/ CATÉGORIE

Automobile/combin. (max. 11,000 kg),
towed vehicle (max. 4600 kg)

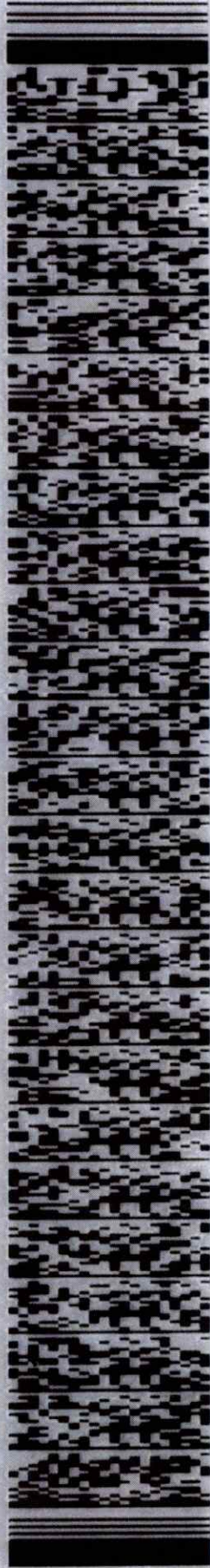
Automobiles/ensembles de véhicules
(11000 kg max.), véhicule remorqué
ne dépassant pas 4600 kg

12 RESTRICTIONS/ CONDITIONS

HJ 3208629



4906087



Date: May 25, 2023 / 25 mai 2023

PROTECTED B / PROTÉGÉ B

MARY JANE FRANCESCA MAINVILLE
1 - 202 CHRISTINA ST S
SARNIA ON N7T 2N2

Social Insurance Number (SIN) / Numéro d'assurance sociale (NAS):

488-993-445

Names on the SIN record / Noms au dossier de NAS

First Name / Prénom:

MARY JANE

Middle Name(s) / Second(s) prénom(s):

FRANCESCA

Family Name(s) / Nom(s) de famille:

MAINVILLE

Protect your SIN; it is confidential

Keep any document containing your SIN in a safe place.

Protégez votre NAS, il est confidentiel

Conservez tout document où l'on retrouve votre NAS dans un endroit sûr.

Use of your SIN

You are required to provide your SIN to your employer within three days after the day you receive it. Also, some programs and/or services authenticate a person's identity using data on the SIN record; ensure you are using the names as shown above.

Utilisation de votre NAS

Vous devez fournir votre NAS à votre employeur dans les trois jours suivant sa réception. Aussi, certains programmes et/ou services utilisent les données au dossier de NAS afin d'authentifier l'identité d'une personne. Assurez-vous d'utiliser les noms qui figurent ci-dessus.

If your SIN begins with the number 9

You must present a valid proof of authorization to work in Canada to your employer. Your SIN record must be updated to reflect the most recent expiry date.

Si votre NAS débute par le chiffre 9

Vous devez présenter à votre employeur une autorisation valide vous permettant de travailler au Canada. Votre dossier de NAS doit être mis à jour afin de refléter la plus récente date d'expiration.

For more information, visit our Web site:

Canada.ca/social-insurance-number

Pour plus de renseignements, consultez notre site Web :

Canada.ca/numero-assurance-sociale



Direct Deposit Request Form

Please use the details on this form to deposit money directly into my Tangerine Bank Account.

Personal Details

Name MJ Francesca Mainville
202 CHRISTINA ST S

1

Address SARNIA
ON N7T 2N2
CA

Company/Deposit details
Company/Organization
Account/Policy number

Address

CA

Deposit Type paycheque
Amount

Bank account details

Tangerine Account Number 4016370718

Institution Number 614

Transit Number 00152

This authorizes you to deposit money directly to my Tangerine Bank Account as detailed above.

Signature _____

F Mainville

Date (DD/MM/YY) 22/05/23