



NISHNAWBE - ASKI Legal Services Corporation

Employee Information

1. Personal Information

Full Given Name: Winters Carly RM
Last First M Initial.

Address: 95 Melon street
Street Address Box #

Thunder Bay ON P7B6J1
City/Town Province Postal Code

Home Phone: (807) 356-4429 Alternate Phone: ()

Primary Email: CarlyWinters117@gmail.com DOB 06 / 17 / 2001
M/D/Y

SSN #: _____ Status # _____

2. Job Information

Title: Legal Aid Assistant Employee ID: _____

Supervisor: _____ Department: Legal Aid Services

Work Location: 101 Syndicate Ave N Work Email: cwinters@nan.legal.on.ca
Suite 303 a

Work Phone: () Cell Phone: (807) 356-4429

Start Date: April 2, 2024 Benefits _____ Pension: Y / N _____

Term Date: Indefinite duration Salary: \$ 47,286.00

3. Emergency Contact Information

Full Name: Schwartz Michael A
Last First M Initial.

Address: 95 Melon street
Street Address Box #

Thunder Bay ON P7B6J1
City/Town Province Postal Code

Primary Phone: (587) 998-9214 Alternate Phone: ()

Relationship: Boyfriend