



NISHNAWBE - ASKI Legal Services Corporation

Employee Information

1. Personal Information

Full Given Name: Scheck Samuel I
Last First M Initial.

Address: 317 Queen St. _____
Street Address Box #

Porcupine ON P0N 1C0
City/Town Province Postal Code

Home Phone: (705) 363-0262 Alternate Phone: ()

Primary Email: S-Scheck@hotmail.com DOB 11 / 05 / 80
M/D/Y

SSN #: 518 187 414 Status #: 1750818901

2. Job Information

Title: Youth Intervention Employee ID: _____

Supervisor: _____ Department: _____

Work Location: Timmins Work Email: sscheck@nanlegal.on.ca

Work Phone: () Cell Phone: ()

Start Date: Aug 12, 2024 Benefits: _____ Pension: Y / N _____

Term Date: _____ Salary: \$ _____

3. Emergency Contact Information

Full Name: Scheck Shelley
Last First M Initial.

Address: 317 Queen St. _____
Street Address Box #

Porcupine ON P0N 1C0
City/Town Province Postal Code

Primary Phone: (705) 262-2026 Alternate Phone: ()

Relationship: Spouse