



**Nishnawbe-Aski Legal Services Corporation**

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**NEW EMPLOYEE DETAIL FORM**

**Personal Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Date of Birth (YYYY/MM/DD): \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Alt. #: \_\_\_\_\_  
 Email (*Personal*): \_\_\_\_\_

**Home Address:**

# \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

**Mailing Address (if different):**

P.O Box \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

**Employment Information:**

Start Date: \_\_\_\_\_ Employee #: \_\_\_\_\_

Employment Type:

- Permanent  
 Contract

End Date: \_\_\_\_\_

Employment Status:

- Full Time  
 Part Time  
 Casual

**BUDGET CODE:**

Position: \_\_\_\_\_ Salary: \_\_\_\_\_  
 Manager: \_\_\_\_\_ Pay Band: \_\_\_\_\_  
 \_\_\_\_\_ Grid: \_\_\_\_\_

**Banking & Payroll Information:**

Name of Bank: \_\_\_\_\_  
 Account #: \_\_\_\_\_  
 Transit #: \_\_\_\_\_  
 Institution #: \_\_\_\_\_  
 SIN #: \_\_\_\_\_

**Tax Exemption:**

Declaration Form Attached?

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

**Pension and Benefits:**

Pension Eligibility Date: \_\_\_\_\_  
 Benefit Eligibility Date: \_\_\_\_\_

**Finance Only:**

Date Received: \_\_\_\_\_ Entered into Adagio Systems by: \_\_\_\_\_