

Employee Information

1. Personal l	nforma	tion							
Full Given Name:	Dyrla	ınd			Mark	D.	G		
	Last				First		M Initial.		
Address:	1478 John Street Road								
	Street Ac	idress			of Market		Box#		
	Thunder Bay					ON			
	City/Town					Province	Postal Code		
Home Phone:	(807) 3561209 Alternate				one: ()			
Primary Email:	mark	.dyrlan	d@gmail.d	com	DÖB 1	1 /06	1963		
SSN#:	47112	3042		Status #					
			162						
2. Job Inform	nation								
Title:				Employee ID:					
Supervisor:	110			_Department:			<u>.</u>		
Work Location:			<u> </u>	Work Email:					
Work Phone:		<u> </u>		Cell Phone:		· · · · · · · · · · · · · · · · · · ·			
Start Date:				Benefits		Pension	_ Pension: Y / N		
Term Date:				_Salary:	\$				
3. Emergenc	y Conta	ct Infor	nation		•				
Full Name:	Manol 🔏				MaryJa	ne			
	Last		· · · · · · · · · · · · · · · · · · ·		First		M Initial.		
Address:	7.4								
	Street Ac	idress					Box#		
						ON			
	City/Town	n				Province	Postal Code		
Primary Phone:	<u>(</u> 807	₎ 62162	98	Alternate Ph	one: <u>(</u>)			
Relationship:									