



NISHNAWBE - ASKI **ENTERED APR 18 2019**
Legal Services Corporation *AP/AD*

Employee Information

1. Personal Information

Full Given Name: Shwetz Colette M
Last First M Initial.

Address: 12 First St., 625
Street Address Box #

Nipigon ON P0T 2J0
City/Town Province Postal Code

Home Phone: (807) 887-4256 Alternate Phone: ()

Primary Email: cshwetz@shaw.ca

SSN # : 483 354 643 Status # _____

2. Job Information

Title: Interim HR Manager Employee ID: _____

Supervisor: ED Department: Admin

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

Work Phone: () Cell Phone: (807) 8874256

Start Date: Feb 13/19 Benefits Pension: Y / (N)

Term Date: _____ Salary: \$ 60,000

3. Emergency Contact Information

Full Name: Shwetz Joe A
Last First M Initial.

Address: 12 First St PO Box 625
Street Address Box #

Nipigon ON P0T2J0
City/Town Province Postal Code

Primary Phone: (807) 889-1104 Alternate Phone: ()

Relationship: Spouse

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.

Colette Shwetz

Print Name

Colette Shwetz

Signature

Dated this 13 day of Feb, 2019.



NISHNAWBE-ASKI LEGAL SERVICES CORPORATION

OATH OF CONFIDENTIALITY

As an employee at Nishnawbe-Aski Legal Services Corporation (“NALSC”) you are privy to confidential material. Confidentiality of client and NALSC information is essential. Employees at NALSC shall not disclose to any member of the public any confidential information obtained by the employee in the course of his/her employment with NALSC.

All NALSC files are to be treated as confidential material and may not be disclosed except in accordance with the provisions of NALSC’s policies and Service Agreements. No one is to read files except in so far as the position requires it. Files are not to be discussed among fellow trainees and/or employees of NALSC except for NALSC related business.

Confidentiality also applies to information about financial and personnel matters or any other confidential information that is attained during employment. We are entrusted with the confidential records of clients and of personnel throughout the Corporation. It is expected that you will comply with NALSC’s Oath of Confidentiality Agreement.

EMPLOYEE STATEMENT OF NON-DISCLOSURE

I have read and understand this statement. I agree to abide by NALSC’s Oath of Confidentiality Agreement as a condition of my employment at Nishnawbe-Aski Legal Services Corporation. Unauthorized disclosure of any confidential material may result in my immediate discharge from my position.

I acknowledge that I am bound by the terms of this agreement and further, that these confidentiality requirements continue after my employment with NALSC has ceased.

Colette Shwetz
SIGNATURE

Feb 27/19.
DATE

Colette Shwetz
PRINT FULL NAME

[Signature]
SIGNATURE OF WITNESS

Feb 27/19
DATE

JEFF ROBERT
PRINT FULL NAME OF WITNESS

Please complete and submit this form to your employer to have your paycheque automatically deposited into your Scotiabank account.

To:

(INSERT NAME OF YOUR EMPLOYER)

Please accept these instructions to automatically deposit my paycheque into my bank account as outlined below:

Employee Information

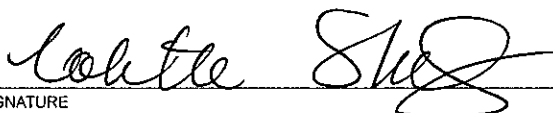
EMPLOYEE NAME COLETTE M SHWETZ		TELEPHONE NO. 807-887-4256
ADDRESS 12 FIRST ST PO BOX 625 PO		
CITY NIPIGON	PROVINCE ON	POSTAL CODE P0T 2J0
EMPLOYEE NUMBER (IF APPLICABLE)	DEPARTMENT (IF APPLICABLE)	

Employee Bank Account Information

Institution	Number	Customer Account No.
THE BANK OF NOVA SCOTIA	002	70227 06397 29 <small>Transit</small>
BRANCH ADDRESS		

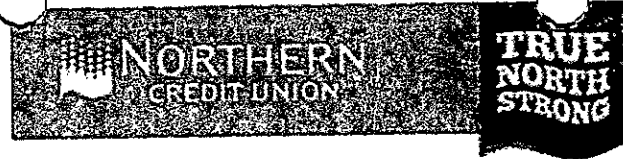
I am advising the Company to change my payroll direct deposit as indicated above. I understand that Scotiabank is not responsible for verifying these payments to my account. I will notify the Company promptly in writing if I close or make other changes to my account.

Authorized by:


SIGNATURE

May 24, 2019
DATE

Please forward the completed request to the appropriate department in your company. Some employers may also ask you to attach a voided cheque. You may wish to keep a copy of the completed form for your records.



PREAUTHORIZED ENROLLMENT FORM
DEBIT _____ CREDIT _____

ACCOUNT HOLDER INFORMATION	
Vendor Name	
Deposit Origination	
Vendor Account Number	
Employee or ID Number	
Name	Collette Shwetz
Home Address	12 First Street
City	Nipigon
Province	Ontario
Postal Code	P0T 2J0

ACCOUNT INFORMATION	
Name of Financial Institution	Northern Credit Union
Address	Box 580
City	Red Rock
Province	Ontario
Postal Code	P0T 2P0
Account Number	
8 2 8	6 9 5 3 2 1 0 0 0 0 1 9 2 2 4 3 4
Institution #	Branch # Account #
	DO NOT INCLUDE DASHES OR SPACES

Verification of Account by Branch (Branch Stamp) 69532-828 NORTHERN CREDIT UNION LIMITED JAN 18 2017 <i>Handley</i> 69532-828 Jan 18/17 65 Sells Street, Red Rock, ON P0T 2P0 Employee Signature Date	<i>Collette Shwetz</i> Signature of Account Holder(s)
	Signature of Account Holder(s)
	<i>Feb 10/17</i> Date

Ontario

Driver's Licence
Permis de conduire

ON
CANADA



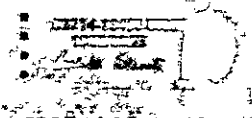
12 NAME/FN
SHWETZ,
COLETTE M
13 12 FIRST ST BOX 625
NIPIGON, ON, P0T 2J0

14 NUMBER
INSTRUMENTS
S3714 - 13466 - 65923
15 SEX/SEX
F

16 CLASS/CLASSIFICATION
G
17 RESID/RESIDENCE
X

18 EXP/EXPIRES
2018/10/10
19 HGT/HAUTEUR
170 cm

Colette Shwetz
10 DOB/DOB
1966/09/23



ServiceOntario.ca

9 CLASSIFICATION 12 RESTRICTIONS/CONDITIONS GG0638669
Automobiles/voitures (max. 4500 kg) Carr. Légers/Vanets etc.
Lowest vehicle (max. 4500 kg)
Automobiles/ensembles de véhicules
(11000 kg max), véhicules remorqués
ne dépassant pas 4400 kg

