



**SARNIA**  
ONTARIO

**Corporation of the City of Sarnia  
Employee Information Form**

<b>SECTION A: Employee Information</b>			
First Name:		Last Name:	
Preferred Name (if different):			
Date of Birth: DD / MM / YYYY			
SIN:		SIN Expiry (if applicable, please attach permit): DD / MM / YYYY	
Street Address and unit # (if applicable):			
City:		Postal Code:	
Phone #:	<input type="checkbox"/> Mobile <input type="checkbox"/> Home	Alternate Phone #:	<input type="checkbox"/> Mobile <input type="checkbox"/> Home
Email:			

<b>SECTION B: Medical Emergencies Information</b>	
<b><i>This information is not obligatory, however, will be extremely important in the event of an accident or medical emergency.</i></b>	
Emergency Contact Name:	
Relationship:	
Phone #:	Alternate Phone #:
Second Contact Name:	
Relationship:	
Phone #:	Alternate Phone #:
Known pre-existing medical condition(s):	