



CAN Employment

EMPLOYEE CONTACT AND INFORMATION FORM

*To change your contact information, you must complete and sign and new form.
Please keep your information up to date at all times.*

PERSONAL INFORMATION:

First Name: _____

Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone #: _____

E-Mail: _____

EMERGENCY CONTACT INFORMATION:

Emergency Contact Name: _____

Relationship to Employee: _____

Emergency Contact Phone #: _____

DATE FORM COMPLETED:

Date: _____