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| AMGHlogo | **Alexandra Marine and General Hospital**  **New Employee Information Form** |

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| Name: |  |
| Address: |  |
| 911 number and road (if applicable): |  |
| Town: |  |
| Postal Code: |  |
| Telephone: |  |
| Social Insurance Number: |  |
| Date of Birth: |  |
| Email address (optional): |  |
| Emergency Contact: |  |
| Name: |  |
| Address: |  |
| Town: |  |
| Telephone: |  |
| Are you a current member of the Hospital of Ontario Pension Plan (HOOPP)? *Please circle one.* | |
| Yes | No |
| If yes, please sign: | |
| Signature: |  |
| Date: |  |

*Please return to Peggy Byrne Carter, Human Resources*

[*patricia.byrnecarter@amgh.ca*](mailto:patricia.byrnecarter@amgh.ca)

*519-524-8689, Ext. 5720*

*Fax: 519-524-8537*