

## **EMPLOYEE INFORMATION FORM**

New Hire: Please forward this completed document to your Manager Existing Employee: Please Print, Sign & Email to: <u>hrsccanada@cbre.com</u> or Fax to HRSC at: (214) 438-8960 HRSC / CBRE: 2100 Ross Avenue, Suite #1600; Dallas, TX 75201



🗌 New Employee 🛛 🗌 Change

EMPLOYEE NAME	E	-	-	SOCIAL INSURANCE NUMBER		
			, , , , , , , , , , , , , , , , , , ,			
CITY/PROVINCE			POSTAL CODE			
<u>E</u> )	DATE OF BIR	RTH (MM/C	DD/YYYY)			
EMERGENCY CONTACT NAME PHONE		ONE NUMBER				
RELATIONSHIP		CELL NUMBER				
	CITY/PROVINCE	E) DATE OF BIR PHONE NUM	CITY/PROVINCE    E) DATE OF BIRTH (MM/L   PHONE NUMBER	(Write TBA if you have not been assigned a number yet)   CITY/PROVINCE POSTAL CODE   E) DATE OF BIRTH (MM/DD/YYYY)   PHONE NUMBER		

## Recommended: For Automatic Payroll Deposit, attach "void" cheque

		ATT	
PAY TO THE ORDER OF		1010-	100 DOLLARS
TD BANK TORONTO-DOMINION CEN 55 KING ST. W. & BAY ST. TORONTO, ONTARIO M5K MEMO	and the same sub-		Dealls on back
N*000N* 1:000		<b></b>	
provide Banking confirmati	on – Bank Name		Choose: Chequing Account

**OR**, a cheque will be generated in the absence of appropriate documentation

Signature (Employee)

Date

The personal data requested on this form is used solely for purposes of Identification for Payroll and Company Human Resources records and will not be given to a third party without your consent. The Emergency Contact Information will only be used if it is necessary to get in touch with someone in case of an emergency.