

The Diocese of Kootenay
The Anglican Church of Canada

*Please complete and email this form to Teresa Kennedy @
Finance@kootenay.info*

New Employee Information Form

All Information is Required – Please PRINT clearly

Name _____

Address _____

City _____

Postal Code _____

Telephone _____

Fax/e-mail _____

Birthdate _____

S I N _____

Employer _____

Position _____

Start Date _____

Hours _____

per week _____

Salary \$ _____

per month _____

Bank Information: Name _____

Location _____

Bank # _____

Transit # _____

Account # _____

I authorize my semi-monthly payroll to be direct deposited to my bank account.

Please attach a "VOID" cheque to confirm your bank account. (A copy will suffice)

Deduct CPP? Yes No (Circle one)

If benefits are offered, please circle as applicable (minimum ½ time to be eligible)

- | | | | | | |
|-------------------|----|-----|--------|---------|--------|
| • BC Medical | No | Yes | Single | Family | |
| • Extended Health | No | Yes | Single | Family | |
| • Pension | No | Yes | | | |
| • Life Insurance | No | Yes | Single | Married | |
| • Dental | No | Yes | Single | Married | Family |