



Vancouver Island North School District No. 85

Date: _____

TEMPORARY EMPLOYEE INFORMATION:

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ ALTERNATE PHONE: _____

EMAIL: _____

SIN: _____ BIRTHDATE: _____

EMERGENCY CONTACT & PHONE #: _____

FIRST DAY WORKED: _____

FIRST AID CERTIFICATE TYPE: _____ EXPIRY DATE: _____

POSITION HIRED FOR: _____

.....
For Manager/Administrator:

Criminal Record Search Completed: _____ CRC Expiry Date: _____

Resume Attached: _____

Reference Checks Done: _____

Direct Deposit Form Completed: _____

Signature of Manager or Administrator: _____

Date: _____

Please forward completed form to SBO Payroll Dept with first timecard.

Oct. 09, 2019