

PERSONAL INFORMATION FORM

<input type="checkbox"/> New Hire <input type="checkbox"/> Address/Phone Change <input type="checkbox"/> Employee Name Change <input type="checkbox"/> Emergency Contact Change <input type="checkbox"/> Personal Data Change
If Change to existing employee, effective date: _____ Employee Number: _____

Last Name	First Name	Middle Name/Initial	Preferred Name
The below is to be completed only for an employee name change			
Prior Last Name	Prior First Name	Prior Middle Name/Initial	Prior Preferred Name

House / Building #	Street Name	Apt/Unit/RR	City	Province	Postal Code

Home Phone #	Mobile Phone #	Email address (optional)	Birth Date
			month day year

Language	Marital Status	Gender	Highest Level of Education Achieved	
Preferred	<input type="checkbox"/> Single	<input type="checkbox"/> Female	<input type="checkbox"/> Unknown	<input type="checkbox"/> Bachelor Degree
<input type="checkbox"/> English	<input type="checkbox"/> Married	<input type="checkbox"/> Male	<input type="checkbox"/> High School or Equivalent	<input type="checkbox"/> Masters Degree
<input type="checkbox"/> French	<input type="checkbox"/> Common Law	<input type="checkbox"/> Other	<input type="checkbox"/> Completed Vocational Training	<input type="checkbox"/> MBA
Fluent	<input type="checkbox"/> Separated		<input type="checkbox"/> College Diploma	<input type="checkbox"/> Doctorate / PhD
<input type="checkbox"/> English	<input type="checkbox"/> Divorced		<input type="checkbox"/> Associate Degree	<input type="checkbox"/> Other
<input type="checkbox"/> French	<input type="checkbox"/> Widowed			

The following information will be used only in the case of an emergency where the employee is unable to represent him/herself due to injury or illness. Please ensure that your emergency contact has the information required to properly represent your interests (e.g. health card number, special instructions, doctor contact information, etc.).

1 st Emergency Contact Name	Relationship	Primary Phone Number	Mobile Phone number
2 nd Emergency Contact Name	Relationship	Primary Phone Number	Mobile Phone number

Special Instructions or Additional Information (e.g. allergies to medication, children's names and daycare/school contact, etc.). Provision of this additional information is ENTIRELY VOLUNTARY and will be kept in the employees personnel file for emergency use only.

I have read and understood the information provided on this form. I authorize that In the event of an emergency, if I cannot provide instructions, that Schenker of Canada Limited is authorized to release this information to the necessary Schenker and/or emergency personnel. The emergency contact person identified above is hereby authorized to act and make decisions on my behalf and has been notified that he/she has been granted this authority and may be contacted by **Schenker of Canada Limited** or emergency personnel. I acknowledge that I am responsible for ensuring that my emergency contact information is up to date and reflects any changes in my personal situation.

Employee Signature: _____ **Date Signed:** _____

I authorize Schenker of Canada to keep a copy of this form in my local Branch in addition to my personnel file _____ (Initial)