



PERSONAL INFORMATION FORM

POSITION HELD: _____ WORKPLACE/SCHOOL: _____

NAME: _____ **MAIDEN NAME:** _____
SURNAME FIRST MIDDLE

ADDRESS: _____
STREET R.R./P.O BOX CITY PROVINCE POSTAL CODE

CONTACT INFORMATION: _____ (home) **SOCIAL INSURANCE #:** _____
 _____ (cell) **GENDER:** M F
 _____ (personal email)

DATE OF BIRTH: _____ **FIRST DAY WORKED:** _____
YEAR MONTH DAY YEAR MONTH DAY

Information required, please attach the following:
 - a cheque indicating "VOID" for payroll deposit
 - a certified copy of a Criminal Background Check (including Vulnerable Sector checked, when applicable)
 - a certified copy of proof of identity with photo ID

Have you ever worked for our school board before? Yes No If yes, when did you leave our employ? _____

Do you hold a valid Ontario Teaching Certificate or Early Childhood Educator Designation? Yes No

If yes, what is your #? _____

Are you receiving a pension from Canada Pension Plan (CPP)? Yes No

If you are age 65 and under, we must deduct CPP contributions. If you are between 65 and 70 years of age, you must complete the form CPT30 (Election to Stop Contributing to the Canada Pension Plan, or Revocation of a Prior Election.) Please contact the Payroll Department if you have any questions related to that form, or require assistance in obtaining the form.

Have you ever paid into the Teachers' Pension Plan (TPP)? Yes No

Are you receiving a pension from TPP? Yes No

Have you transferred the Commuted Value of your pension from TPP? Yes No

Are you currently in the process of transferring the commuted value (CV) of your pension with TPP?

Yes No (If YES, you **CANNOT** work in Education in Ontario until after the transferring process has been completed.)

The information on this form is being collected under the authority of the Education Act of Ontario as amended, and in accordance with the Municipal Freedom of Information and Protection of Privacy Act. The information on this form will be used for employee and payroll/benefit administration purposes. The contact person for queries regarding the collection of this information is the Senior Manager of Human Resources.

Signature

Date

FOR HUMAN RESOURCES USE ONLY

Employee no: _____ Employee Group: _____ Salary Category: _____
 Job Code: _____ Distribution no: _____ C.B.C.: _____
 Offence Declaration: _____ Proof of I.D. with photo Date: _____ Initials: _____