

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)				
_____ (personal email)				
DATE OF BIRTH: _____			FIRST DAY WORKED: _____	
YEAR MONTH DAY			YEAR MONTH DAY	

Are you legally eligible to work in Canada? **Yes** ☐ **No** ☐

If yes, what is your work permit #? _____ (if applicable)

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: _____

Date: _____

Initials: _____