



University
of Windsor

DEPARTMENT OF HUMAN RESOURCES

A photocopy of the following is also required:
- SIN CARD (SOCIAL INSURANCE NUMBER)
- Birth Certificate OR Passport

NEW EMPLOYEE FORM – PERSONAL INFORMATION

Have you previously been employed by the University of Windsor? _____
If yes, what year? _____ And what was your Employee Number? _____
University of Windsor Student Number (if applicable) _____

TITLE (Dr./Prof./Mr./Ms./Mrs.): _____ FIRST NAME: _____

PREFERRED FIRST NAME: _____ INITIAL _____ SURNAME: _____

GENDER _____ MARITAL STATUS _____ DATE OF BIRTH: (YYYY/MM/DD) _____

Canadian Citizen
Landed Immigrant Country _____
Work Visa Country _____

DEPARTMENT: _____ **START DATE:** _____

CURRENT ADDRESS / PHONE NUMBER / CURRENT EMAIL:

STREET ADDRESS _____

CITY, PROVINCE, COUNTRY _____

POSTAL CODE _____

HOME PHONE # _____

CELL PHONE # _____

CURRENT EMAIL ADDRESS _____

EMERGENCY CONTACT INFORMATION:

NAME _____

RELATIONSHIP _____

PHONE NUMBER _____

ALTERNATE PHONE NUMBER _____

EMPLOYEE SIGNATURE _____

DATE _____

Diana Colley, HRIS, Benefits & Records Administrator
519-253-3000, extension 2090 email: dianacol@uwindsor.ca