



Énergie NB Power

the power of possibility
débordant d'énergie

EMPLOYEE PERSONAL INFORMATION FORM

First Name: _____

Last Name: _____

Mailing Address: _____

Home Phone Number: _____

Cell Phone Number: _____

Social Insurance
Number: **and expiry date**
(if applicable) _____

Date of Birth: _____

Emergency Contact
Name: _____

Relation to Emergency
Contact: _____

Emergency Contact
Phone Number: _____

Sex Identified at
Birth: _____