

**Collection of Personal Information Policy**

**Policy no 17-2022**

**Information to be kept in the employee's file:**

**Purpose**

To collect employee information to be used for hiring procedures, update certification statuses and in case of emergency situations.

**Identification**

Name of employee: \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Gender: Male ( ) Female ( ) I decline to identify ( )

Date of hire: \_\_\_\_\_ Date of first day at work: \_\_\_\_\_

**Address**

Number Street City

Province Postal Code

E-mail address

Person to contact in case of emergency: \_\_\_\_\_

Relationship to employee: \_\_\_\_\_

Home telephone number: ( ) \_\_\_\_\_ Cell phone number: ( ) \_\_\_\_\_

**First Aid Certification, if applicable:**

Does the employee have a valid certificate in first-aid?

Yes

No

Date of last re-certification: \_\_\_\_\_ (Keep photocopy on file)

**Local Government Administration Certification, if applicable**

Does the employee have a valid certificate?

Yes

No

Date of certification: \_\_\_\_\_ (Keep photocopy on file)

**Valid Driver's License, if applicable**

Yes

No

Date of expiration: \_\_\_\_\_ (Keep photocopy on file)

**Optional:**

**Allergies** – Does the employee suffer from allergies?

Yes

No

If yes, specify: \_\_\_\_\_

In case of allergic reaction, what first aid should be given? \_\_\_\_\_

**Medical Status** – Does the employee have a medical condition that could require urgent care?

Yes

No

If yes, specify: \_\_\_\_\_

What first aid can appropriately be given and under what circumstances?

\_\_\_\_\_  
\_\_\_\_\_

Does the employee give permission to the Town of Birch Hills to disclose any of the above medical conditions to co-workers?

Yes

No

Date: \_\_\_\_\_ Employee Signature: \_\_\_\_\_



*[Handwritten signature in blue ink]*