



# PERSONAL INFORMATION RECORD

<b>First Name:</b>	<b>Last Name:</b>	<b>SIN:</b>
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<b>Marital Status:</b>	<b>Birth Date:</b> _____ YYYY MM DD	<b>Sex:</b> <input type="radio"/> Male <input type="radio"/> Female
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**Permanent Address:**

<b>City:</b>	<b>Province:</b> ONTARIO	<b>Country:</b> CANADA	<b>Postal Code:</b>
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<b>Home Phone:</b>	<b>Phone:</b> ( <input type="radio"/> Cellular <input type="radio"/> Other)	<b>Email:</b>
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**Highest Education Level Completed:**

Attended Secondary School  
 Secondary School Graduate  
 College Diploma or Trade Certification  
 University Degree  
 Advanced Degree (MBA) or Post-Degree  
 Professional Certification (i.e. LLB, P Eng, CA, CGA)

**Languages (Optional):**  
*Providing this information is voluntary and would only be used to help York Region in customer service and translating activities.*

Do you speak, read, and/or write any languages in addition to English?

Speak	Read	Write	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Sign Language
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Chinese (Cantonese)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Chinese (Mandarin)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Chinese (Shanghai)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Farsi
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	French
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	German
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hebrew
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hindi
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Italian
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Polish
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Portuguese
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Punjabi
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Russian
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Spanish
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Ukrainian
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Urdu
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Vietnamese
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Specify Language
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Specify Language
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Specify Language

## EMERGENCY CONTACTS

Primary Contact:	Secondary Contact:
Contact Name: _____	Contact Name: _____
Relationship to Employee : _____	Relationship to Employee : _____
Same Address/Home Phone as Employee? Yes <input type="radio"/> No <input type="radio"/>	Same Address/Home Phone as Employee? Yes <input type="radio"/> No <input type="radio"/>
Address: _____	Address: _____
City/Town: _____	City/Town: _____
Province/Postal Code/Country: _____	Province/Postal Code/Country: _____
Phone: _____	Phone: _____
Other Phone: _____	Other Phone: _____

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