



PERSONAL INFORMATION RECORD

First Name:	Last Name:	SIN:
--------------------	-------------------	-------------

Marital Status:	Birth Date: _____ YYYY MM DD	Sex: <input type="radio"/> Male <input type="radio"/> Female
------------------------	--	--

Permanent Address:

City:	Province: ONTARIO	Country: CANADA	Postal Code:
--------------	-----------------------------	---------------------------	---------------------

Home Phone:	Phone: (<input type="radio"/> Cellular <input type="radio"/> Other)	Email:
--------------------	--	---------------

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?

<i>Speak</i>	<i>Read</i>	<i>Write</i>	
<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

<i>Speak</i>	<i>Read</i>	<i>Write</i>	
<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

<i>Speak</i>	<i>Read</i>	<i>Write</i>	
<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: _____