

INFORMATION FORM

General Information

Contact Name: _____

Make cheques payable to *(if different from above)*: _____

Contact Information

Mailing Address: _____

Contact Phone: _____

Contact Email: _____

Employee Information

SIN No *(employees only)*: _____ - _____ - _____

Date of Birth *(employees only)*: _____ / _____ / _____
Day Month Year

Driver Information

Driver License Number: _____ Class: _____ Expiry Date: _____

*** This section to be completed by office ***

Fuel Card Information

UFA/CFN Fuel Card No. Assigned: _____

Co-op Fuel Card No. Assigned: _____

Pin No. Requested: _____

SureHire Pre-employment D&A Testing

Confirmation No. _____

Test Date: _____ Test Time: _____

Results (circle one): negative non-negative