



**KAMLOOPS  
CLASSIC  
SWIMMING**

**KCS PAYROLL REQUIREMENTS INFORMATION**

To be completed by the employee. The original will be located in the employee's file in the KCS office.

<b>Date:</b> dd/mm/yyyy	<b>Birthdate:</b> dd/mm/yyyy
<b>First Name:</b>	<b>Last Name:</b>
<b>SIN Number:</b>	<b>Gender:</b> please circle <b>Male</b> <b>Female</b>
<b>Street Address:</b>	
<b>City:</b>	<b>Province:</b>
<b>Postal Code:</b>	<b>Country:</b>
<b>Home Phone:</b>	<b>Cell Phone:</b>
<b>Email Address:</b>	
<b>Special Medical Concerns:</b>	
<b><i>Emergency Contact Information</i></b>	
<b>Full Name:</b>	
<b>Relationship to employee:</b>	
<b>Work Phone:</b>	<b>Home Phone:</b>
<b>Cell Phone:</b>	