

Employee Information				
First Name	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	Middle Name	Last Name	Date of Birth (yy/mm/dd)
Mailing Address	Street	City	Terr/Prov	Postal Code
Contact Information	(Bus)	(Res)	(Cell)	(E-mail)
Is this a Third Party Complaint? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, please provide your name and contact information in the <b>Claim Details</b> section of this form	
Employer Information				
Legal/Business Name				
Mailing Address	Street	Address of Worksite	Street	
City	Terr/Prov	Postal Code	City	Terr/Prov Postal Code
Contact Information	(Bus)	(Res)	(Fax)	(Cell) (E-mail/Website)
Nature of Business			Hired By	
Name of Manager/Supervisor			Name of General Contractor or Project (Construction Industry)	
Employment Information				
Employed As	Date Employment Commenced (yy/mm/dd)	Date Last Worked (yy/mm/dd)		
Did you keep a personal record of hours worked? If yes, attach originals	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you covered by a collective agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state particulars in the <b>Claim Details</b> section of this form		
Are you still employed by the employer named above?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes ▶	Confidential	<input type="checkbox"/> Yes <input type="checkbox"/> No
		If no ▶	<input type="checkbox"/> Quit <input type="checkbox"/> Fired <input type="checkbox"/> Laid Off	
Wage rate paid at date of termination (Complete One)				
\$ /Hour	\$ /Month	\$ /Daily	\$ /Week	
Other, explain				
Pay Period <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice per month <input type="checkbox"/> Monthly <input type="checkbox"/> Other, explain:				
How many hours of work per day? _____		Did you sign a written overtime agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No		
How many hours of work per week? _____		If yes, attach copy		
Are you aware of any reason why your employer will not pay earnings? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain				

Continued on next page...

