



Personal Data Form

(Please forward the completed form to your department – contact information appears in the offer letter. This information is used for employment purposes only and is kept confidential.)

Last Name:	<input type="text"/>	First Name(s):	<input type="text"/>
Prefix (e.g. Mrs., Mr. Dr.):	<input type="text"/>	Gender:	<input type="text"/>
Date of Birth:	<input type="text"/>	Canadian Social Insurance Number:	<input type="text"/>
		McGill I.D. Number:	<input type="text"/>

Country of Citizenship:	<input type="text"/>
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Status in Canada, if not Canadian Citizen (choose one):

Work Permit	OR	Study Permit	
Authorization Number: U	<input type="text"/>	F <input type="text"/>	
Start Date:	<input type="text"/>	Expiry Date:	<input type="text"/>

Permanent Resident

Work and Reside Outside Canada	
Yes	No

If NON-Canadian Resident:

Attach a legible copy of the study/work permit or Permanent Resident card (both sides)

Home Address & Email

Address:	<input type="text"/>		
City:	<input type="text"/>		
Province/State:	<input type="text"/>		
Country:	<input type="text"/>		
Postal/Zip Code:	<input type="text"/>		
Telephone: (Home)	<input type="text"/>	(Cell)	<input type="text"/>
Personal Email address:	<input type="text"/>		

Emergency Contact Information

Last Name:	<input type="text"/>
First Name:	<input type="text"/>
Relationship:	<input type="text"/>
Address:	<input type="text"/>
Telephone (Home):	<input type="text"/>
Telephone (Cell):	<input type="text"/>
Email:	<input type="text"/>