



Clinical/Adjunct Personal Information
Cumming School of Medicine

Personal Information

Empl ID: (if applicable) [] Common Name: []
Prefix: [] First Name: [] Middle Name: [] Last Name: []
Address: [] City: [] Prov./State: []
Country: [] Postal/ZIP Code: []
Home Phone: [] Cell Phone: []
Personal Email []

I authorize Human Resources to deliver personal and confidential employment documents to this email address. [] Yes [] No

Date of Birth: [][][]
Year Month Day

Gender:

Place of Birth: []

Citizenship: [] Canadian [] Perm Resident [] Other (please specify): []

(Required for Foreign Nationals) Permit/Visa Type: [] Permit/Visa #: [] Issue Date: [][][]
Year Month Day Expiry Date: [][][]
Year Month Day

Degrees & Other Qualifications (includes certificates, diplomas & professional designations etc.)

Please note that these will show up on your Academic Performance Report.

Table with 6 columns: Date Awarded, Institution, Short Name, Degree or Name, Short Name, Area of Specialization. Includes an example row with data: YYYY/MM/DD, University of Calgary, U of C, Bachelor of Science, BSc, Biology.

Previous Employment (most recent)

From: [][][] To: [][][] Employer: []
Year Month Day Year Month Day
Department: [] Rank/Position: []

Employee Authorization

Signature: _____ Date: _____

By approving this form, I confirm that the information I am accountable for is correct and valid.

HR Use Only

Comments: []

Table with 8 columns: Recruiting, Date, Workforce, Date, Benefits, Date, Payroll, Date.

Form Last Update: November 2021

Please scan and email completed form to the faculty.

This information is collected under the authority of the section 4(c) of the Alberta Protection of Privacy Act (POPA), and the Canadian Statistics Act and Income Tax Act.. If you have questions about the collection or use of this information, phone (403) 210-9300.

This Agreement may be signed and delivered in counterparts with the same effect as if each party had signed and delivered the same copy, and when each party has signed and delivered a counterpart, all counterparts constitute one Agreement. Delivery of a copy of this Agreement by facsimile or by another form of electronic transmission is good and sufficient delivery.

Business Contact Information

Office Address:

Office Telephone:

2nd Office Telephone:

Office Fax:

E-Mail:
