

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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach originals		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? _____ How many hours of work per week? _____			Did you sign a written overtime agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No 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					

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