



Personnel Number: \_\_\_\_\_  
 Position Number: \_\_\_\_\_  
 Wage Type Code: \_\_\_\_\_

# PROFILE FORM

*Please complete and return with your offer letter.*

## Individual to complete:

Have you previously been paid by the University of Toronto?  Yes  No

Are you currently being paid by another Department at the Leslie Dan Faculty of Pharmacy?  Yes  No  
 If yes, please indicate all other appointments, including hiring managers name

\_\_\_\_\_

Are you currently being paid by another Department at University of Toronto?  Yes  No  
 If yes, please indicate the Faculty with department/unit: \_\_\_\_\_

Citizenship:  Canadian  Landed Immigrant  Other \_\_\_\_\_

If you are or have been a student at U of T:  Undergrad  Grad Student Number: \_\_\_\_\_

Mx.  Mrs.  Miss  Ms.  Mr.  Dr.

*For returning employees, please check this box if your Address or Banking information has changed*  Yes

\_\_\_\_\_  
 Last Name First Name and Initial(s)

\_\_\_\_\_  
 Apt. # Home Street Address

\_\_\_\_\_  
 City Province Postal Code

\_\_\_\_\_  
 Home Telephone Number Cellular Telephone Number

\_\_\_\_\_  
 Email

\_\_\_\_\_  
 Social Insurance Number (Attach a copy of your S.I.N. Card) Birth Date (dd/mo/year)

\_\_\_\_\_  
 Signature Date

**PLEASE ATTACH A VOID CHEQUE OR BANK DEPOSIT SLIP**

*Payment is by Direct Deposit and requires your bank transit and account information.  
 As well, please submit a copy of your Social Insurance Card.*

## Hiring department to complete:

\_\_\_\_\_  
 Authorizing Signature Cost Centre/ Internal Order Fund Centre Fund