

EMPLOYMENT REGISTRATION FORM

Human Resources, Langara College
 100 West 49th Avenue, Vancouver, BC V5Y 2Z6
 This form is available on the web: www.langara.bc.ca/hr/forms.html

To Be Completed by Employee

Last Name		First Name	
Employee ID Number	Social Insurance Number	Sex Male Female	Date of Birth (YYYY/MM/DD)
Address			Apt No.
City	Postal Code	Home Phone Number	
I certify that the information provided is true and complete.		Signature	

To Be Completed By Hiring Department

Start Date (YYYY/MM/DD)	End Date (YYYY/MM/DD)			
Department				
Employed As: (Please check one only)				
Student Aide	SWAP <small>STUDENT WORK ASSISTANCE PROGRAM</small>	Marker 1 (Objective)	Marker 2 (Subjective)	Model
Hourly Salary	Department Contact Phone Number			
Banner Position Number	Banner Organization Number			
Name of Hiring Official	Signature			

To Be Completed by Human Resources (SWAP Only)

Maximum Approved Hours
100 Hours Other:

To Be Completed By Payroll

Deduction	Tax	Bank	Previously Entered
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