CANADIAN UNION OF POSTAL WORKERS
LONDON LOCAL 566

PERSONAL CONTACT INFORMATION

HRID# **FAMILY NAME**

GIVEN NAME **INITIALS** **MALE** **FEMALE**

HOME ADDRESS
Apt No St No and Name or P.O.Box and Postal Stn

CITY, TOWN or VILLAGE **PROVINCE**

POSTAL CODE **TELEPHONE - CELL** **TELEPHONE-HOME**

EMAIL

FULL TIME ☐ **PART TIME** ☐ **CASUAL** ☐

WORK LOCATION

DEPOT # _____ **LETTER CARRIER** ☐ **RSMC** ☐ **PO4** ☐

PLANT/ SECTION _____ **PO4** ☐ **PO5** ☐ **MSC** ☐ **OTHER** _____

SHIFT #1 > 23:00-07:00 ☐
SHIFT #2 > 07:00-15:00 ☐
SHIFT #3 > 15:00-23:00 ☐
OTHER (Please specify) ☐ _____

***Office use only- Date stamp required**