Employee Information Form

|  |  |
| --- | --- |
| Personal Details | |
| Full legal name (first, middle, last) |  |
| Preferred name or nickname (if different from the legal name) |  |
| Date of birth |  |
| Gender |  |
| Social Security Number (or equivalent ID for non-US employees) |  |
| Nationality |  |
| Marital status |  |

|  |  |
| --- | --- |
| Contact Information | |
| Current residential address |  |
| Permanent address (if different from the current address) |  |
| Primary phone number |  |
| Secondary phone number (optional) |  |
| Personal email address |  |
| Emergency contact name and relationship |  |
| Emergency contact phone number and address |  |

|  |  |
| --- | --- |
| Employment Details | |
| Employee ID or badge number |  |
| Job title |  |
| Department |  |
| Employment start date |  |
| Employment status (e.g., full-time, part-time, temporary, contract) |  |
| Reporting manager or supervisor |  |

[](http://aihr.com)

[aihr.com](https://www.aihr.com/)

|  |  |
| --- | --- |
| **Compensation and Benefits** | |
| Salary details |  |
| Bank account information for direct deposit (if applicable) |  |
| Health insurance policy number and provider |  |
| Other benefits (e.g., retirement plan details, stock options) |  |
| Tax information |  |
| Tax identification number |  |
| Relevant tax forms or declarations (e.g., W-4 form in the US) |  |

|  |  |
| --- | --- |
| **Educational and Professional Credentials** | |
| Highest educational qualification |  |
| Certifications or licenses |  |
| Previous employer |  |

|  |  |
| --- | --- |
| **Medical Information** | |
| Specific medical conditions or requirements |  |
| Known allergies |  |
| Preferred medical facility or practitioner (optional) |  |

|  |  |
| --- | --- |
| **Additional Information (if applicable)** | |
| Passport number |  |
| Work permit or visa details |  |
| Vehicle details (if parking or transportation facilities are provided) |  |

[](http://aihr.com)

[aihr.com](https://www.aihr.com/)

|  |  |
| --- | --- |
| **Consent and Declaration** | |
| Do you confirm the accuracy of the information provided and consent for your data to be processed in line with data protection regulations? |  |
| Date |  |
| Employee signature |  |

|  |  |
| --- | --- |
| **Version Control** | |
| *[A section for recording any updates or changes to the form over time, including the date of modification and the personnel effecting the change]*  Version Update: Updated By: |  |

[](http://aihr.com)

[aihr.com](https://www.aihr.com/)

[Graphical user interface, application

Description automatically generated with medium confidence](https://www.aihr.com/platform/?utm_source=resource&utm_medium=resource&utm_campaign=templates&utm_content=templates)

[](https://www.aihr.com/platform/?utm_source=resource&utm_medium=resource&utm_campaign=templates&utm_content=templates)