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 | |
| | <u>I</u> |
| 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 | |



| 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 | Compensation and Benefits | |
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| Consent and Declaration | |
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| 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 | |
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| Version Control | |
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