

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	

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)	

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:

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