Please complete this form with accurate and up-to-date information. All information will be kept confidential and used only for official purposes.

**Personal Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: | [Insert Full Name] | Address: |  |
| Phone Number: | [Insert] | Email Address: | [Insert] |
| Date of Birth: | [DD/MM/YYYY] | Social Security Number: | [SSN]/ National ID |
| Marital Status: | ☐ Single ☐ Married ☐ Other | | |

**Emergency Contact**

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Number: | [Insert] | Relationship: | [Insert] |
| Phone Number: | [Insert Number] | Alternate Phone: | [Insert] |
| Address: |  | | |

**Job Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Job Title: | [Title] | Department: | [Department] |
| Start Date: | [DD/MM/YYYY] | Manager/Supervisor: | [Name] |
| Employment Type: | ☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Contract | | |

**Banking Information (Optional)**

|  |  |  |  |
| --- | --- | --- | --- |
| Bank Name: |  | | |
| Account Number: | [Insert Number] | Routing Number: | [Insert Number] |

**Tax Information**

|  |  |  |
| --- | --- | --- |
| Tax Filing Status: | ☐ Single ☐ Married Filing Jointly ☐ Other | |
| Employee Identification Number (if applicable): | |  |
| Work Authorization: | ☐ Citizen ☐ Permanent Resident ☐ Work Visa | |

**Medical/Health Information (Optional)**

|  |  |  |  |
| --- | --- | --- | --- |
| Known Allergies: |  |  |  |
| Medical Conditions (if any): |  |  |  |
| Primary Physician Contact: |  |  |  |

**Acknowledgment & Consent**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, confirm that the information provided above is accurate to the best of my knowledge. I understand that this information will be used for employment and administrative purposes and may be shared with relevant parties as required by law or company policy.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |