**Personal Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | | |
| Preferred Name: |  | Date of Birth: | (DD/MM/YYYY) |
| Gender: | Male Female | Other | Prefer not to say |
| Marital Status: | Single | Married | Other |
| Address: |  | | |
| City: | State/Province: | Postal/Zip Code: | Country: |
| Phone Number: |  | Email Address: |  |

**Emergency Contact Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | | |
| Relationship to Employee: |  | Phone Number: |  |
| Alternative Phone Number: |  | Email Address: |  |

**Position Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Job Title/Position: |  | | |
| Department: |  | Manager/Supervisor: |  |
| Employment Start Date: | (DD/MM/YYYY) | Employment Type: | Full-Time |
| Part-Time |
| Temporary |
| Contract |
| **Work Location:** | On-Site | Remote | Hybrid |

**Compensation and Benefits**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Basic Salary/Hourly Rate: | $[amount] [amount in words] | | | | | |
| **Pay Frequency:** | Weekly | Bi-Weekly | | Semi-Monthly | | Monthly |
| **Benefits Enrollment:** | Health Insurance | | Dental Insurance | | Vision Insurance | |
| 401(k) / Retirement Plan | | Other: | | | |

**Tax Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Social Security Number (SSN)/Taxpayer Identification Number (TIN):** | | | |  |
| **Filing Status for Tax Purposes:** | Single | Married | Head of Household | |
| Other |  |  | |
| **Exemptions/Allowances:** |  |  |  | |

**Direct Deposit Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Bank Name: |  | | |
| Bank Routing Number: |  | Account Number: |  |
| Account Type: | Checking | Savings |  |
| **Attach a voided check or bank verification letter.** | | | |

**Background Information**

|  |  |  |
| --- | --- | --- |
| **Have you ever been convicted of a felony?** | Yes | No |
| **If yes, please explain:** | | |

**Additional Information**

* **Professional Licenses/Certifications:**

|  |
| --- |
|  |
|  |

* **Skills and Qualifications:**

|  |
| --- |
|  |
|  |

* **Languages Spoken:**

|  |
| --- |
|  |

**Employee Acknowledgement**

|  |  |  |
| --- | --- | --- |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Employee Name), certify that the information provided in this form is accurate and complete to the best of my knowledge. I understand that any false statements or omissions may result in disciplinary action, including termination of employment. | **Employee Signature:** | **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_ (DD/MM/YYYY) |

**For Office Use Only**

|  |  |  |  |
| --- | --- | --- | --- |
| **HR Representative Name:** | [Name[ | | |
| **Date Received:** | (DD/MM/YYYY) | | |
| **Employee ID Assigned:** |  | **System Access/Permissions:** | Granted |
| Pending |
| Not Applicable |
| **Comments/Notes:** | |  | |