[Company name]

How to use this document: delete this paragraph before saving, sharing, or circulating it. Every part shown in blue is yours to replace: type your own details over each blue [field] until no blue remains. Then select all (Ctrl+A) and set the font colour to the same dark colour throughout. What is left is your finished document.

Employee Information Form

Personal, contact, emergency, bank, education and employment details for a new starter, kept on the employee file.

Employment details Employee name: _____ **Employee ID:** _____

Role: _____ **Department:** _____

Start date: _____ **Work location:** _____

Line manager: _____ **Employment type (tick one):**

[ ] Full-time **[ ]** Part-time

[ ] Fixed-term **[ ]** Temporary

Personal details Full name: _____ **Preferred name:** _____

Date of birth: _____ **Home address:** _____

Town or city: _____ **Postcode:** _____

Personal phone: _____ **Personal email:** _____

Alternative phone: _____ **Emergency contact The person we should contact first if something happens to you at work. Contact name:** _____ **Relationship to you:** _____

Phone: _____ **Address:** _____

Next of kin Give next of kin details even if they are the same person as your emergency contact. Name: _____ **Relationship to you:** _____

Phone: _____ **Address:** _____

Bank details Bank details are used only to pay your salary. Check them carefully before you hand this form in.

Bank name: _____ **Account holder name:** _____

Account number: _____ **Branch code or sort code:** _____

Bank address: _____ **Education and qualifications**

Qualification	Institution	Year completed	Result or grade
[Qualification]	[Institution]	[Year]	[Grade or result]
[Qualification]	[Institution]	[Year]	[Grade or result]
[Qualification]	[Institution]	[Year]	[Grade or result]

Employment history List your most recent roles first.

Employer	Role	From	To	Reason for leaving
[Employer]	[Role]	[Start date]	[End date]	[Reason for leaving]
[Employer]	[Role]	[Start date]	[End date]	[Reason for leaving]
[Employer]	[Role]	[Start date]	[End date]	[Reason for leaving]

Other information Do you hold a current driving licence? [ ] Yes **[ ]** No

Do you have any access needs or adjustments we should know about? [ ] Yes **[ ]** No

If yes, give details: Access needs or adjustments: _____

Declaration and signature I confirm that the information on this form is complete and correct to the best of my knowledge. I will tell [Company name] **promptly if any of these details change.**

Signature: _____ **Date:** _____