

# Employment Form for New Employee

## Personal Information

- Full Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_
- Nationality: \_\_\_\_\_
- Gender: ☐ Male ☐ Female ☐ Other
- Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Other

## Contact Information

- Home Address: \_\_\_\_\_
- City/State/ZIP Code: \_\_\_\_\_
- Phone Number (Primary): \_\_\_\_\_
- Phone Number (Alternate): \_\_\_\_\_
- Email Address: \_\_\_\_\_

## Position and Employment Details

- Job Title: \_\_\_\_\_
- Department: \_\_\_\_\_
- Employee ID (if applicable): \_\_\_\_\_
- Start Date: \_\_\_\_\_
- Work Location: \_\_\_\_\_
- Employment Type: ☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Contract
- Work Schedule: ☐ Monday-Friday ☐ Other: \_\_\_\_\_
- Supervisor's Name: \_\_\_\_\_

## Compensation and Benefits

- **Salary/Hourly Rate:** \_\_\_\_\_
- **Benefits Offered:** ☐ Health Insurance ☐ Dental ☐ Vision ☐ Life Insurance ☐  
Other: \_\_\_\_\_
- **Payment Method:** ☐ Direct Deposit ☐ Check ☐ Other:  
\_\_\_\_\_
- **Probation Period (if applicable):** ☐ Yes ☐ No Length: \_\_\_\_\_

## Emergency Contact Information

- **Emergency Contact Name:** \_\_\_\_\_
- **Relationship to Employee:** \_\_\_\_\_
- **Contact Number:** \_\_\_\_\_
- **Alternate Contact:** \_\_\_\_\_

## Acknowledgment and Signature

I acknowledge that the information provided above is accurate and that I understand my employment terms as provided by the company.

- **Employee Signature:** \_\_\_\_\_
- **Date:** \_\_\_\_\_
- **HR Manager Signature:** \_\_\_\_\_
- **Date:** \_\_\_\_\_