

New Employee Information Form

Employee Personal Details

Full Name	
Phone Number	
Permanent Address	
Secondary Address (if applicable)	
Personal Email Address	
Job Title	
Department	
Pay Rate	
Last Pay Rate Increase (date and amount)	
Start Date	
End Date (if applicable)	

Education & Work History

Highest Degree or Diploma	
Date of Graduation	
Degree School	
Prior Employment 1 (include last 3 jobs or past 10 years)	<ul style="list-style-type: none">● [Company Name]● [Job Title]● [Dates of Employment]
Prior Employment 2	<ul style="list-style-type: none">● [Company Name]● [Job Title]● [Dates of Employment]
Prior Employment 3	<ul style="list-style-type: none">● [Company Name]● [Job Title]

	<ul style="list-style-type: none">• [Dates of Employment]
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Emergency Contact Information

Primary Contact Full Name	
Primary Phone Number	
Secondary Phone Number	
Relationship to Employee	
Secondary Contact Full Name	
Primary Phone Number	
Secondary Phone Number	
Relationship to Employee	

Confidential Employee Information

Social Security Number	
Other Relevant Information	