



EMPLOYEE INFORMATION FORM

Personal information

Full name: _____

Address: _____

City State Postcode

NRIC: _____

Contact Details:

H/phone: _____ Home: _____ Email address: _____

Birth Date: _____

Marital Status: _____

Spouse's Name: _____ Spouse's Phone: _____

Job information

Job Title/Position: _____

Employee ID: _____

Supervisor: _____

Department: _____

Work _____

Work _____

Location: _____

Email: _____

Work Phone: _____

Start Date: _____

Emergency Contact

Full name: _____

Address: _____

Relationships: _____

Contact number: Phone: _____ Email: _____

FOR HR OFFICE USED:

Signature: _____

Checked by: _____

Position: _____

Date: _____

Remarks: _____