

# Employee Personal Details Form

## 1. Personal Information

- Full Name: \_\_\_\_\_
- Date of Birth (MM/DD/YYYY): \_\_\_\_\_
- Social Security Number: \_\_\_\_\_
- Gender:
  - Male
  - Female
  - Prefer not to say
- Marital Status:
  - Single
  - Married
  - Divorced
  - Widowed
  - Other:  
\_\_\_\_\_

## 2. Contact Information

- Home Address:
  - Street:  
\_\_\_\_\_
  - City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
- Personal Phone Number: \_\_\_\_\_
- Personal Email Address: \_\_\_\_\_

## 3. Emergency Contact Information

- Emergency Contact Name: \_\_\_\_\_
- Relationship to Employee: \_\_\_\_\_
- Emergency Contact Phone Number: \_\_\_\_\_
- Emergency Contact Email Address: \_\_\_\_\_

#### 4. Employment Information

- Position Title: \_\_\_\_\_
- Department/Team: \_\_\_\_\_
- Employee ID (if applicable): \_\_\_\_\_
- Start Date (MM/DD/YYYY): \_\_\_\_\_

#### 5. Additional Information

- Preferred Method of Contact:
  - Email
  - Phone
  - Mail
- Do you have any disabilities?:
  - Yes
  - No

If yes, please specify the nature of the disability and any accommodations required:

- \_\_\_\_\_
- Languages Spoken: \_\_\_\_\_
- Professional Licenses or Certifications:
  - \_\_\_\_\_
  - \_\_\_\_\_

#### 6. Declaration

I hereby declare that the information provided is true and correct to the best of my knowledge and belief. I understand that any false information may result in disciplinary action, including termination of employment.

- Signature: \_\_\_\_\_ Date: \_\_\_\_\_