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# Joining Report Application Form

## Personal Information

- Full Name:
- Date of Birth (MM/DD/YYYY):
- Personal Email Address:
- Mobile Number:
- **Current Address:**
  - Street:
  - City:
  - State:
  - Zip Code:
- **Permanent Address:**
  - Street:
  - City:
  - State:
  - Zip Code:

## Employment Details

- Department/Team Joining:
- Position/Title:
- Employee ID (if assigned):
- Joining Date (MM/DD/YYYY):
- Work Email Address:
- Work Phone Number:
- Direct Supervisor/Manager Name:
- Location/Office (if different from the main office):

## Employment History

- Previous Employer:

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- Company Name:
  - Position/Title:
  - Duration of Employment (From MM/YYYY to MM/YYYY):
  - Reason for Leaving:
  - Add Another Employment [**Checkbox for Yes/No**]

### **Educational Background**

- Highest Degree Obtained:
  - Degree Type (e.g., B.A., M.S., Ph.D.):
  - Field of Study:
  - Institution:
  - Graduation Year:
- Add Another Degree [**Checkbox for Yes/No**]

### **Skills and Certifications**

- Primary Skills: [**Briefly list your primary professional skills**]
- Certifications: [**List any relevant certifications you hold**]

### **Emergency Contact Information**

- Primary Emergency Contact:
  - Name:
  - Relationship:
  - Phone Number:
  - Email Address:
  - Address:
- Secondary Emergency Contact:
  - Name:
  - Relationship:
  - Phone Number:
  - Email Address:

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- Address:

### **Additional Information**

- Preferred Name/Nickname (if any):
- Any Special Requirements or Accommodations Needed: [Please specify if you have any special needs or requirements that the company should be aware of to support you effectively.]

### **Declaration and Consent**

I hereby declare that the information provided in this form is accurate and complete to the best of my knowledge. I understand that providing false information may result in disciplinary action, including termination of employment. I consent to [Company Name] storing and processing my personal data as outlined in the company's privacy policy.

- **Signature of Employee:**
- **Date:**

### **For Office Use Only**

- Received By:
- Date Received:
- Comments:

Please return the completed form to HR or your direct supervisor on or before your joining date. If you have any questions or require assistance with completing this form, please contact [HR Contact Information].