

# EMPLOYEE INFORMATION FORM

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## Personal Information

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## Employment Information

Title: \_\_\_\_\_ Department: \_\_\_\_\_

Date of Hire: \_\_\_\_\_

Employment Status: ☐ Full Time ☐ Part Time ☐ Contractor ☐ Intern ☐ Other: \_\_\_\_\_

## Education

Highest Level of Education Completed: \_\_\_\_\_

Name of Institution: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

Major/Field of Study: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

## Professional Experience

Professional Certificates and Licenses: \_\_\_\_\_

Previous Work Experience:

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## Emergency Contact Information

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

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Employee Signature

Date

