## **NEW EMPLOYEE FORM**



TITLE:	SURNAME:
FIRST NAMES:	DATE OF BIRTH:
MARITAL STATUS: Single/Married/Divorced/Widowed	
ADDRESS (in UK):	TELEPHONE:
	MOBILE:
	EMAIL:
NEXT OF KIN:	RELATIONSHIP:
ADDRESS:	TELEPHONE:
START DATE:	NATIONAL INSURANCE NUMBER:
JOB TITLE:	DEPARTMENT:
BANK DETAILS: ACCOUNT NAME:	
BANK NAME:	BRANCH:
ACCOUNT NUMBER	SORT CODE:
EMPLOYEE NUMBER:	
SALARY: Hourly Rate	Salary
TERMS: Full Time Part Time up to 48hrs up to 2	•
ADDITTIONAL INFORMAION:	
P45 P46	Please select accompanying document