

STRICTLY PRIVATE & CONFIDENTIAL

NEW STAFF MEMBER DETAILS FORM

Company Name:	<input type="text"/>	Start Date:	<input type="text"/>
Title:	<input type="text"/>		
Name:	<input type="text"/>	Job Title:	<input type="text"/>
Address:	<input type="text"/>	Salary:	Monthly/Weekly*
		Hourly Rate:	<input type="text"/>
		Contracted Hours:	<input type="text"/>
Postcode:	<input type="text"/>	Payment Type:	Bacs, Chaps, Cheque
County:	<input type="text"/>		

National Insurance No:	<input type="text"/>
Date of Birth:	<input type="text"/>

BANK DETAILS

Bank/ B Soc.	<input type="text"/>
Account Name:	<input type="text"/>
Address:	<input type="text"/>
Account No:	<input type="text"/>
Sort Code:	<input type="text"/>

EMERGENCY CONTACT DETAILS

Name:	<input type="text"/>	Tel No:	<input type="text"/>
Address:	<input type="text"/>	Mobile No:	<input type="text"/>
Postcode:		<input type="text"/>	
Country:		<input type="text"/>	