
New Employee Declaration Form

Employee Information:

- Full Name: _____
- Address: _____
- Phone Number: _____
- Email Address: _____
- Date of Birth: _____
- Employee ID (if applicable):

Employment Information:

- Job Title: _____
- Department: _____
- Start Date: _____
- Supervisor/Manager: _____

Tax Information:

- Tax Identification Number: _____
- Tax Filing Status: Single Married Head of Household
- Dependent Information (if applicable):

Declaration of Previous Employment (if applicable):

- Have you been employed in this organization before? Yes No

- If yes, provide details:

Bank Account Details (for salary payment):

- Bank Name: _____
- Account Number: _____
- Branch Code: _____

Emergency Contact Information:

- Emergency Contact Name:

- Relationship: _____
- Phone Number: _____
- Email Address: _____

Declaration:

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

- Employee Signature: _____
- Date: _____

For Employer Use Only:

- Verified By (HR/Manager): _____
- Date: _____