

Onboarding Employee Declaration Form

Employee Information:

- Full Name: _____
- Employee ID: _____
- Department: _____
- Job Title: _____
- Date of Joining: _____

Personal Details Declaration:

1. Contact Information:

- Phone Number: _____
- Email Address: _____
- Residential Address:

2. Identification:

- National Identification Number/SSN:

- Passport Number (if applicable):

- Tax Identification Number:

3. Emergency Contact:

- Emergency Contact Name:

- Relationship: _____
- Phone Number: _____

Previous Employment Declaration:

- Have you worked in any organization prior to this employment? Yes No
 - If yes, please provide details:
 - Company Name:

 - Position Held:

 - Reason for Leaving:

- Have you signed any non-compete or confidentiality agreements with your previous employer? Yes No
 - If yes, please provide details:

Bank Account Details for Salary Payment:

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

Health and Fitness Declaration:

- Do you have any medical conditions that may affect your ability to perform your job duties? Yes No
 - If yes, please describe:

- Have you undergone a pre-employment medical examination? Yes No
 - If yes, provide the result:

Tax and Benefits Declaration:

- Do you have any dependents? Yes No

- If yes, list their names and relation:

- Are you eligible for any tax benefits? Yes No

- If yes, please specify:

Confidentiality and Code of Conduct Acknowledgement:

I understand that as part of my employment, I will be required to adhere to the company's code of conduct, confidentiality agreements, and any policies that are relevant to my position. I agree to maintain the highest level of integrity and professionalism while working at this organization.

Declaration:

I, the undersigned, declare that all the information provided above is true and accurate to the best of my knowledge. I understand that providing false information or withholding relevant details may lead to the termination of my employment.

- Employee Signature: _____
- Date: _____

For Employer Use Only:

- Verified By: _____
- Date: _____