

## Employee Information Form

<b>1. Primary Information</b> (Please fill in all requested information in <b>CAPITAL LETTERS</b> )										
Employee No:		Surname with Initials								
Name Indicated by Initials										
Preferred Name		Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Maiden Name			
Permanent Address					Address During Working Days					
Postal Address					Postal Address					
City/Town					City/Town					
District					District					
Postal Code					Postal Code					
E-mail Address					E-mail Address					
Telephone No					Telephone No					
Mobile										
Religion										
Other personal Information										
N.I.C Number					Date Joined (DD/ MM/ YYYY)					
N.I.C Issued Date (DD/ MM/ YYYY)					Date of Birth (DD/ MM/ YYYY)					
<b>Marital Status</b>	Single	<input type="checkbox"/>	Married	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Widowed	<input type="checkbox"/>	<b>Married Date (DD/ MM/ YYYY)</b>	
Employee Job Information (For Salary Purpose)										
Corporate division of the company										
Department										
Location										
Designation										
Passport Information										
Passport No:										
Place Issued										
Date Issued (DD/ MM/ YYYY)					Date Expiry (DD/ MM/ YYYY)					

<b>Education Qualifications (Part 1)</b>			
Examination- G.C.E. Ordinary Level			
Subject	Grade	Subject	Grade
Examination- G.C.E Advanced Level			Year
Subject	Grade	Subject	Grade
<b>Educational Qualifications (Part II)</b>			
<b>Academic Qualification</b>			
Diploma	Class	University/Institute	Year of completed
Higher Diploma	Class	University/Institute	Year of completed
Degree	Class	University/Institute	Year of completed
MSc. / MBA	Class	University/ Institute	Year of completed
<b>Any other Achievements</b>			
Special Talents/Skills		Describe your proficiency	
<b>Hobby(s)</b>			

Language Skills	Understand	Speak	Read	Write	
<b>Professional Qualifications</b>					
Name of the Exam	Institute	Year of completed	Status		
<b>Employee Emergency Information</b>					
<b>Contact person I</b>					
Name of the contact person					
Relationship					
Address					
City/Town					
District					
Postal Code					
Country					
Contact Number		Residence	Mobile		
Nearest Police Station					
<b>Contact person II</b>					
Name of the contact person					
Relationship					
Address					
City/Town					
District					
Postal Code					
Country					
Contact Number		Residence	Mobile		
Mobile					
Nearest Police Station					
<b>Work Experience</b>					
Name of the Organization	Address, postal code and Country.	Contact No: & Fax No:	Position Held (Designation & role played)	Duration From date – To date	Reason for leaving

Dependant Information						
Spouse						
Name			Working	Yes		No
Gender		Relationship				
Contact Information- office						
Address			Designation			
City/ Town			NIC No			
Postal Code						
Contact No:			Mobile No:			
Fax:						
Children						
Name	Gender	Date of Birth	Marital Status	Occupational Status	School/ work place address & Contact No:	
Parents						
Name	Father/ Mother	Occupation	Work place address and contact No:			

.....  
Date

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Signature