



EMPLOYEE STARTER FORM

EMPLOYER FULL NAME: _____

EMPLOYEE PERSONAL DETAILS:

TITLE: MR/MRS/MISS/MS/_____ GENDER (M/F)_____ MARITAL STATUS_____

FIRST NAMES_____ LAST NAME_____

DATE OF BIRTH___/___/___ NATIONAL INSURANCE NUMBER _____

ADDRESS: _____

TOWN_____ COUNTY_____ POST CODE_____

PASSPORT No. _____ TEL NO. _____ EMAIL _____

EMPLOYMENT DETAILS:

START DATE_____ DEPT _____ DIRECTOR: YES/NO _____

SALARY RATE £ _____ HOURLY RATE £ _____ HOURS PER WEEK _____

DAYS PER WEEK _____ HOURS PER DAY/WORKING DAYS: M ___ T ___ W ___ T ___ F ___ S ___ S ___

STUDENT LOAN TO BE REPAYED - YES/NO _____ P45 ATTACHED/TO FOLLOW _____

EMPLOYEE STATEMENT:

PLEASE CIRCLE ONLY ONE OF THE FOLLOWING STATEMENTS

- A** - THIS IS MY FIRST JOB SINCE LAST 6 APRIL AND I HAVE NOT RECEIVED ANY TAXABLE ALLOWANCES, BENEFITS OR PENSIONS.
- B** - THIS IS NOW MY ONLY JOB BUT SINCE LAST 6 APRIL I HAVE HAD ANOTHER JOB, OR RECEIVED TAXABLE ALLOWANCES OR INCAPACITY BENEFIT. I DO NOT RECEIVE A STATE OR OCCUPATIONAL PENSION.
- C** - AS WELL AS MY NEW JOB, I HAVE ANOTHER JOB OR RECEIVE A STATE OR OCCUPATIONAL PENSION.

BANK DETAILS:

NAME OF BANK _____ BRANCH NAME _____

SORT CODE(6 DIGITS) _____ - _____ - _____ ACCOUNT NAME _____

ACCOUNT NUMBER _____ BUILDING SOCIETY REFERENCE/ROLL NO. _____