Form for new employees

Employer:	client number
Employee	
Personnel number:	
Family name:	
Address: (street / house number / post code / city)	
Sex: Please choose	Social security number: (10 digit number) d d m m y y
Family status: Please choose	Nationality:
Payroll information Date of employment:	Job title:
Place of work:	Department:(as needed)
	CA / year:
Type of contract: Please choose	Wage/Salary: $\qquad \qquad \qquad$
Cost centre:(as needed)	Working hours: days / hours
Extras: (e.g. time off in-lieu, disability allowances, wage garnishment,	40 monthly any acts.)
(e.g. time on in-tieu, disability attowances, wage garnishment,	12 monthly payments,)
Employee's bank information	1
Bank:	
IBAN:	BIC / SWIFT:
send by e-mail	print form

