Employee Record Bio Data

An internal personnel form for onboarding and contact record updates

Employee number	Department	Effective date
[Enter details]	[Type here]	[Type here]

A Employee identity

FULL LEGAL NAME [Full name]	**PREFERRED NAME** [Optional preferred name]
JOB TITLE [Current role]	**EMPLOYMENT START DATE** [Day Month Year]
WORK EMAIL [Email address]	**WORK PHONE OR EXTENSION** [Number or extension]

B Home contact details

RESIDENTIAL ADDRESS [Street city and postal code]	**PERSONAL EMAIL** [Email address]
MOBILE PHONE [Telephone number]	**ALTERNATIVE PHONE** [Optional telephone number]

C Emergency contact

CONTACT NAME [Name of nominated contact]	**RELATIONSHIP** [Relationship to employee]
PRIMARY PHONE [Telephone number]	**ALTERNATIVE PHONE** [Optional telephone number]

D Qualifications and employee confirmation

Qualification or certification	Issuing institution	Year
[Enter details]	[Type here]	[Type here]

I have checked these details and will notify the responsible team if my contact information changes. I have permission to provide the nominated emergency contact details.

EMPLOYEE SIGNATURE [Signature]	**DATE UPDATED** [Day Month Year]

For internal personnel records. Keep completed forms accessible only to authorized staff.