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_____

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 REPAID*- YES/NO_____P45 ATTACHED/TO FOLLOW_____

*If Yes please state Type 1 or 2   _____

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.