|  |
| --- |
| **New Employee Basic Information** |
| **Date\*：** |
| **Name \*** |  | **ID Number \*** |  |
| **Date of Birth \*** |  | **Gender** |  |
| **Nationality** |  | **Marital Status** |  |
| **Blood Type** |  | **Driving License** |  |
| **Means of Transportation** |  |
| **Height** |  **cm** | **Weight** |  **kg** |
| **Home Number\*** |  | **Mobile Number\*** |  |
| **Email \*** |  |
| **Contact Address\*** |  |
| **Permanent Address\*** |  |
| **Emergency Contact** |  | **Relationship** |  |
| **Home Number** |  | **Mobile Number** |  |
| **Education** |
| **School Name\*** | **Major\*** | **Year of Enrollment\*** | **Year of Graduation\*** | **Graduation Status** |
|  |  |  |  |  |
| **Work Experience** |
| **Employer\*** | **Job Title\*** | **Job Description** | **Years of Service\*** |
|  |  |  |  |
| **Language Proficiency** |
| **English** | **Mandarin** | **Spanish** | **French** | **Japanese** | **Other** |
|  |  |  |  |  |  |
| **Family Members** |
| **Name** | **Relationship** | **Name** | **Relationship** | **Name** | **Relationship** |
|  |  |  |  |  |  |
| **Documents Submitted** |
|  |  |
| **Filled by Human Resources Department** |
| **Employee Number \*** |  | **Job Title \*** |  |
| **Department\*** |  | **Joining Date\*** |  |
| **Insurance Enrollment Date** |  | **Group Insurance Enrollment Date** |  |
| **Basic Salary \*** |  | **Other Compensation** |  |
| **Remarks** |  |