## Ministry of the Public Service , Energy and Public Utilities

## Employee Information Form

Please fill in all relevant fields on this form so that all the employee personal and related information is recorded on the Government HR/Payroll System (Smart Stream).

The goal is to allow HRMIS to immediately facilitate current and updated information when required by Government Ministries and Departments.

Note: Fields with \* (asterisk) are required every time you fill in this form.

## **PART I (to be filled out by Employer)**

\*Form Filling: First Time Update

## \*Ministry: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## \*Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Employment Particulars:**

\*Location/Station: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Cost Centre: ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_

Accounting Distribution (Salary paid from Projects): \_\_\_\_\_ - \_\_\_\_\_- \_\_\_\_\_\_ -\_\_\_\_\_\_ -\_\_\_\_­\_\_

DD/MM/YYYY

| |

\*Date of First Employment in the Public Service:

\*Position/Post: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Pay Scale: \_\_\_\_\_\_\_\_\_\_\_\_ \*Payment Method : Monthly Semi-Monthly

\*Point on Pay Scale: \_\_\_\_\_\_\_\_\_\_\_\_\_ \*Annual Salary: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Employment Type: Established Un-Established Temporary Contract

\*Name of Banking Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Bank Branch Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## **------------------------------------------------------------------------------------------------------------------**

**Part II (Employee Information)**

## **Officer’s Personal Particulars**

|  |  |  |  |
| --- | --- | --- | --- |
| \*First Name | Middle Name(s) | \*Last Name | Maiden Name |
|  |  |  |  |

DD/MM/YYYY

| |

# \*Date of Birth:

# \*Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 

# Tax ID Number (TIN #): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: Female Male

Marital Status:Single Married Divorced Common Law Legal Separation

Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Home Address:**

Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/Town/ Village/Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Cell phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Home Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Personal E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# Emergency Contact Person

|  |  |  |
| --- | --- | --- |
| First Name | Middle Name(s) | Last Name |
|  |  |  |

# Date of Birth:

DD/MM/YYYY

| |

# Gender: Female Male

**Address of Contact Person:**

Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/Town/ Village/Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Cell phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Home Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personal E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the contact person a dependant to you: Yes No

# Dependants:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name | DateofBirthD/M/Y | Gender | | Student Status  (part time/ full time/ none) | RelationshiptoEmployee |
| M | F |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

# \*Educational Background/Academic Achievements

# Academic qualifications (list academic qualifications)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Course | School Attended | Period of Training | Complete/ Incomplete | Award Received |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Short training courses attended: (seminars/workshops/special skills training)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Course | School/Organization Attended | Period of Training | Award Received |
|  |  |  |  |
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**Employee Skills (knowledge, abilities, and qualifications gained through experience and training – (**list any particular skills possessed and the proficiency level)

|  |  |  |  |
| --- | --- | --- | --- |
| Skill | Level of Proficiency | Declared by (Self/  Manager/  Trainer)  Name of Institution | How acquired (training course/self study/ formal education/completed  certification/ on the job/ other) |
|  |  |  |  |
|  |  |  |  |
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# Experience:

|  |  |  |
| --- | --- | --- |
| Field/Area of Experience | Date  From To | |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
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|  |  |  |

# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Employee CEO/HOD

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| HRMIS Use Only: |