



EMPLOYEE BIODATA FORM

PASSPORT PICTURE

A. PERSONAL DETAILS

Employee Number

Title
<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs.
<input type="checkbox"/> Dr. <input type="checkbox"/> Prof.

Surname	First Name	Middle Name

Date of Birth		
Day	Month	Year

Nationality	Home Town	Region

Postal Address	Residential Address	Email Address(es)

Contact/Home Telephone	Personal Mobile Number(s)

B. FAMILY BACKGROUND

Details of Parents / Guardian

Name, Address and Relationship	Name, Address and Relationship

Marital Status
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed

Spouse's Surname	Spouse's First Name	Spouse's Middle Name

Spouse's Employment
<input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed

Spouse's Employer	Spouse's Address

Emergency Contact Details

Surname	First Name	Relationship	Contact Details
1			
2			

Next of Kin

Surname	First Name	Relationship	Contact Details

Dependants

	Surname	First Name	Relationship	Date of Birth		
				Day	Month	Year
1						
2						
3						

C. EMPLOYMENT DETAILS

Date of Employment		
Day	Month	Year

Duration of Contract

Job Title

Department of Work

Reports to

D. BANK / SOCIAL SECURITY DETAILS

Bank Details	Social Security Number
Bank: _____	
Branch: _____	
Account Number: _____	

DECLARATION

I hereby state that the information provided to Ashesi University in this document is truthful and that Ashesi University reserves the right to check the authenticity of the information provided. Ashesi shall not be held liable for any wrong information provided by the employee and which is used as such.

Signature	
Date:	