# Employee Information Form

**Purpose:** This form is intended to collect essential personal details and emergency contact information from employees for HR records and emergency preparedness.

## Personal Information

|  |  |  |
| --- | --- | --- |
| **Full Name** | **Date of Birth** | **Gender** |
| {fullName} | {dateOfBirth} | {gender} |

|  |  |  |
| --- | --- | --- |
| **Address** | **Phone Number** | **Email** |
| {address} | {phoneNumber} | {email} |

## Job Information

|  |  |  |
| --- | --- | --- |
| **Job Title** | **Department** | **Date of Hire** |
| {jobTitle} | {department} | {dateOfHire} |

## Emergency Contact Information

|  |  |  |
| --- | --- | --- |
| **Contact Name** | **Relationship** | **Phone Number** |
| {#emergencyContacts}{name} | {relationship} | {phone}{/emergencyContacts} |

{/emergencyContacts}

## Medical Conditions (if any)

{^hasMedicalConditions}No known medical conditions reported.{/hasMedicalConditions}

{#hasMedicalConditions}

* {medicalCondition}

{/hasMedicalConditions}

## Additional Notes

{additionalNotes}