

EOR Employee Onboarding Form

Master onboarding form capturing all employee onboarding data in a structured flow.

01 Employee Information

First Name

Last Name

Date of Birth

Nationality

Personal Email

Phone Number

Residential Address

City

State / Province

Postal Code

Country of Residence

02 Employment Details

Position / Job Title

Department

Start Date

Employment Type

Reporting Manager

Work Location

03 Identification & Documentation

ID Type

ID Number

Passport Number

Visa Status

Visa Expiry Date

04 Banking & Payroll

Bank Name

Account Holder Name

Account Number / IBAN

Routing / SWIFT / BIC

Account Type

Preferred Currency

05 Benefits Selection

Select benefits to enroll in:

- | | |
|--|--|
| <input type="checkbox"/> Health Insurance | <input type="checkbox"/> Dental Insurance |
| <input type="checkbox"/> Vision Insurance | <input type="checkbox"/> Life Insurance |
| <input type="checkbox"/> Retirement / Pension Plan | <input type="checkbox"/> Disability Insurance |
| <input type="checkbox"/> Wellness Program | <input type="checkbox"/> Employee Assistance Program |

06 Emergency Contact

Contact Name

Relationship

Phone Number

Email Address

Declaration & Consent

By submitting this form, I confirm that all information provided is accurate and complete to the best of my knowledge. I authorize Humii to process my personal data for employment purposes, including payroll, benefits administration, and compliance with applicable laws. I understand that providing false information may result in disciplinary action. All data will be handled in accordance with Humii's Privacy Policy and applicable data protection regulations.

Authorized Signature

Date (DD/MM/YYYY)

Full Name (Print)

Designation