This Form was created in Word using VF Creator.

Created: 12/01/2018 by the VF Creator team.

VF Creator turns documents created in Word into online forms.

You can view/edit eForm features, after installing the VF Creator add-in. A new VF Creator ribbon will be available which allows you to create/edit eForms.



Please visit [VictoriaForms.com](http://www.formpony.com/)/VF-Creator/ to start creating online forms in Word.

# **Employment history record**

Employee no. 

NINO. 

## Employee details

|  |  |  |
| --- | --- | --- |
| Surname |  | |
| Other names |  | |
| Address |  | |
| Postcode | |  |
| Telephone no. |  | |
| Change of address |  | |
| New postcode | |  |

## Next of kin

|  |  |
| --- | --- |
| Name of next of kin |  |
| Address of next of kin |  |
| Phone number of next of kin |  |

## Emergency contact

|  |  |
| --- | --- |
| Name of emergency contact |  |
| Address of emergency contact |  |
| Phone number of emergency contact |  |

## Employment

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Written statement of terms of employment date issued | | | |  |
| TU membership | Yes |  | No |  |
| Name of union (if subscription is paid through payroll) |  | | | |
| Nature of any disability |  | | | |
| Pension scheme |  | | | |
| Date joined |  | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Job Title | Start Date | Leave Date | Full time/  Part time | Hours of work | Salary |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

## Education

|  |  |  |
| --- | --- | --- |
| Examination passed | Subjects | Level/ Grade |
|  |  |  |
|  |  |  |
|  |  |  |

## Training

|  |  |
| --- | --- |
| Nature of training or course | Dates |
|  |  |
|  |  |

## Termination of employment

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date of termination |  | | | | | | |
| Reasons for termination |  | | | | | | |
| Exit interview carried out? | Yes |  | | | No |  | |
| By whom? |  | | | | | | |
| Date written reasons for dismissal requested by employee | | | | | | |  |
| Date sent |  | | | | | | |
| Whether suitable for  re-engagement | Yes | |  | No | |  | |