

Employment Details Form

Section 1: Your Details (To be completed by the customer)

a) Please enter your details:

Surname	<input type="text"/>	First Name	<input type="text"/>
Date of Birth	<input type="text"/>		
Address	<input type="text"/>		
Home tel.	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>		

General guidance

- Section 1 is to be completed by the customer and sections 2 and 3 are to be completed by the employer.
- *Should you run out of room in any section please add the information to the "any other information" (section 4).*

Section 2: To be completed by the Employer.

a) Employer's Details

Company name	<input type="text"/>
Contact Name	<input type="text"/>
Position Held	<input type="text"/>
Employer's address	<input type="text"/>
Employer's contact telephone number	<input type="text"/>

b) What is the start date of your employment?

c) What are your contracted hours? Please tick

Part-time	Full Time	Please state how many hours you are contracted to work in a standard week
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

d) Please indicate the type of Employment

Permanent Temporary Term time only Unpaid work trial

e) Is there a probationary period?

No Yes How long is the probationary period?

f) Payment Package

Hourly Pay Frequency of payment Date of first Payment
£

If you are paid monthly is there a scheduled day which you will be paid? Also, if your pay-day falls on a weekend will you be paid prior to or after the weekend? *Please tick*

Regular pay date Prior (i.e. Friday) After (i.e. Monday)

g) Are you entitled to sick pay?

No Yes How many days per year are you entitled to? Date of commencement of entitlement

h) Are you entitled to Holiday pay?

No Yes How many days per year are you entitled to? Date of commencement of entitlement

Section 3: To be completed by the Employer

I can confirm that Section 2 of this form is correct and an accurate reflection of the terms of employment.

Signature of Employer
Please Print Name
Contact number
Date

Section 4: Any other information

Please provide details of any other information that you think may be relevant to your claim:

The Committee *for* Employment and Social Security will process any personal data which you provide in accordance with the Data Protection (Bailiwick of Guernsey) Law, 2017. Further information about how your personal data is processed can be found at www.gov.gg/dp or alternatively you may call 01481 222500 and request a paper copy.

Declaration

Warning: To give false information may result in prosecution.

I declare that the information given in this form is true and complete;
I understand that I must inform Social Security immediately if there is any change in my circumstances or the circumstances of my dependents and that to fail to do so may be an offence.

Signature of Customer: Date: