

MOOFpeople

INFORMATION FORM

Personal Information

Last name _____ Initials _____
First name _____ Gender _____
First names in full _____
Street _____ House number _____
Zipcode _____ City _____
Phone _____ Mobile _____
E-mail _____



Date of birth _____ Place of birth _____
Marital status _____
First name partner _____ Last name partner _____



Country of origin _____ Nationality _____
Social Security number _____
Identification ID-card Passport
Identification number _____ expiration date _____
Driving Licence number _____ expiration date _____
(a driving license is not a valid proof of identity for labor law)



Bank _____ Place _____
IBAN number _____ BIC _____
In the name of _____



Alert in case of emergency _____
Phone _____
Relationship _____

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Terms of employment

Job description _____ Organisation _____

Explanation _____

Private transport Yes No _____

Travel allowance Yes No _____

First working date in this organisation _____ Salary _____

Number of hours per week _____ Explanation _____

Schedule	mo	tu	we	th	fr	sa	su
Week 1 hours	___	___	___	___	___	___	___
Week 2 hours	___	___	___	___	___	___	___

Other information

Payroll tax credit may be applied if not yet another client or benefit agency from which you receive income applies wage tax credit.

Application of payroll tax credit? yes no From _____

Did you participate in a pension scheme from the Dutch payroll CLA and / or the Dutch CLA for temporary employees less than a year ago? yes no Until _____

If yes: basic pension plus pension

Are you entitled for state allowances: WAO WW Other _____

Are you a student? yes no

Were you already working at the current organisation before? yes no

If yes, how many employment contracts have you had? _____

From _____ to _____

From _____ to _____

From _____ to _____

For approval

The employee declares that the information provided in this form is correct. The employee furthermore declares that enclosed copy of his Identitycard is his and has been provided to the organisation for inspection. If the information provided by the employee is incorrect, he cannot claim any rights that may arise from successive employership.

Date _____ Name _____ Signature _____