

BALMFORTH

TRANSPORT LIMITED

Personnel Record

Name	Mr / Mrs / Miss / Ms
Address	
Telephone Number	
Date of Birth	
Marital status	
Next of kin	
PAS ?	YES / NO

Start date	
Department	
National Insurance No.	
Driving license no	(Photocopy required)
Bank details for wages	Bank or Building society : Account Number : Sort Code :

MEDICAL INFORMATION	
Please give details of any important medical condition	
Please give details of any significant illness or operation	
Allergies	
Type of work to avoid	
Two Contacts and telephone numbers in case of emergency	1. 2.
Name of GP	
Address	
Telephone number	

Signature of employee _____

JM/2009