

EMPLOYEE INFORMATION

Employee Name: _____

Date of Birth: _____

Address: _____

_____ PCode: _____

Phone Number: _____

Email Address: _____

Any Allergies or Health Issues: _____

Medication: _____

Next of Kin: _____

Relationship to next of Kin: _____

Next of Kin Phone Number: _____

Start Date: _____

Position: _____

Hourly Rate or Salary: _____

Full Time, Part Time or Casual: _____

Bank Name: _____

Name of Account Owner: _____

Bank BSB Number: _____ Bank Account Number: _____

Tax File Number: _____

Additional Tax Contribution: (please circle) Yes / No

If yes, how much extra tax per fortnight would you like to contribute? \$

Superannuation Company: _____

Superannuation Member Number: _____

Additional Super Contribution: (please circle) Yes / No

If yes how much extra super per fortnight would you like to contribute? \$

Employee Signature: _____

Date: _____

OFFICE USE ONLY - Licences, Certificates or Qualifications:

List all job specific licence's and certificates such as: first aid/white card/truck drivers licence etc. (place copies of any licences/certificates in employees file)

Name of licence/certificate	Yes	No	Expiry Date