



## Employee Details

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## Bank Account Details

Account Name: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

BSB Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

## Superannuation Details

Super Fund Name: \_\_\_\_\_

Super Fund ABN: \_\_\_\_\_

Super Fund USI: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Membership No: \_\_\_\_\_

**I have checked the above information and declare that it is true and correct.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*Office Use Only*

Commencement date: \_\_\_\_\_ Tax Form submitted: Yes / No TFN: \_\_\_\_\_

Pay Rate: \_\_\_\_\_ First Review Date: \_\_\_\_\_ FT / PT / Casual

Allowances: \_\_\_\_\_

Deductions: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_