

Company/Business:

Employee Details

Name: Date of Birth Start Date:

Address:

Suburb: Postcode:

Mobile: Personal Email:

** Do you give permission for your payslips and annual payment summaries to be emailed out to this email address?

Yes / No – do you have another preferred email?

Emergency Contact: Relationship: Telephone:

Bank Details: Bank BSB: Account Number:

Account Name:

Tax Details: Tax File Number: Or are you under 18 and not requesting a Tax File

Number yes / no Or are you over 18 and in the process of requesting a Tax File Number yes / no

Are you an Australian Resident? yes / no Are you claiming the Tax Free Threshold? Yes (no other job) / No

Do you have a HECS or HELP debt? Yes / no

Superannuation Details: As per Super Choice Form Provided

Name of your chosen fund Membership Number

ABN of your chosen fund USI of your chosen fund

** If Superannuation details are not received within two weeks of commencing employment, your employer superannuation contributions will be paid into our default company fund

Fairwork Information Statement

A copy of the Fairwork Information Statement and National Employment Standards has been provided to you.

Tax File Number Declaration

A TFN declaration form has been provided to you. If you do not return this form before your first pay date, we have no choice but to tax you at the non tax free threshold rate.

I declare that this information is true & correct.

I have received a Super Choice Form, Fair Work Information Statement and TFN declaration.

Signed..... Date:

Employment – Office Use Only Casual/ Full-time /Perm Part-time

If Permanent Part-time: Hours per week:..... Reg days & Hours:

Award:..... Classification/Level:.....