

EMPLOYEE DETAILS FORM

PERSONAL DETAILS

First Name: _____	Employer: _____
Middle or Other Names: _____	Start Date: _____
Last Name: _____	Position: _____
Date of Birth: _____	Agreed Rate of Pay: _____
Gender: _____	Award Level: _____
Bank Account Name: _____	Superannuation Fund: _____
BSB: _____	Superannuation USI: _____
Bank Account Number: _____	Superannuation Member No: _____

CONTACT DETAILS

Address: _____	Home Phone: _____
Suburb: _____	Mobile: _____
State: _____	Email Address: _____
Postcode: _____	

EMERGENCY CONTACT

Name: _____	Phone: _____
Relationship: _____	Email Address: _____

TAX DECLARATION

Tax File Number: _____	
Employment Basis (Full-time/ Part-time/ Casual): _____	
Tax Residency (Australian / Foreign / Working Holiday): _____	
Do you want to claim the Tax Free Threshold (YES/ NO): _____	
Do you have a Higher Education Loan Program or other loans that require withholding (YES/ NO): _____	

EMPLOYEES SIGNATURE: _____