**NEW EMPLOYEE DETAILS**

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| **Employer to complete** |
| **Position Title** |  |
| **Department** |  |
| **Employment Status** | Full time [ ]  Part time [ ]  Casual [ ]  Fixed term contract [ ]  |
| **Commencement Date** |  |
| **Ordinary hours of work** |  |
| **Right to work in Australia** | YES [ ]  NO [ ]  |
| **Evidence of ID** | YES [ ]  NO [ ]  |
| **Evidence to work in Australia** | YES [ ]  NO [ ]  |

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| **Employee to complete** |
| **Personal Details** |
| **Full Name** |  |
| **Date of Birth** |  |
| **Address** |  |
| **Contact Phone Number(s)** |  |
| **Evidence of Identification** | ***Please provide a copy of your Driver’s License or Passport and attach to this form.*** |

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| **Emergency Contact Details** |
| **Contact 1** | **Contact 2** |
| **Full Name** |  | **Full Name** |  |
| **Phone Number** |  | **Phone Number** |  |
| **Relationship to employee** |  | **Relationship to employee** |  |

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| **Relevant Known Medical History** |
| **Any Known Allergies** |  |
| **Any known medical conditions your employer should be aware of (e.g., epilepsy, asthma, diabetes)** |  |

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| **Employee Bank Details** |
| **Primary Account**[ ]  Please deposit my whole net pay to Primary Account |
| **Account Name** |  |
| **BSB Number** |  |
| **Account Number** |  |
| ***OR*** |
| **Split Account**[ ]  Please deposit my net pay into multiple accounts |
| **Deposit $** |  |
| **Account Name (Acc. 1)** |  |
| **BSB Number** |  |
| **Account Number** |  |
|  |
| **Deposit $** |  |
| **Account Name (Acc. 2)** |  |
| **BSB Number** |  |
| **Account Number** |  |

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| **Employee Authorisation** |
| **I authorise that my net pay be deposited into the bank account/s detailed above** |
| **Full Name** |  |
| **Signature** |  |
| **Date** |  |