

EMPLOYEE DETAILS FORM

Position: _____ Department: _____

Personal Information:

Full Name: _____

Date of Birth (DD/MM/YYYY): _____

Australian Tax File Number (TFN): _____

Residential Address: _____

Phone Number: _____

Email Address: _____

Employment Details:

Employment Type (Full Time / Part Time / Casual): _____

Commencement Date: _____

Employee Number: _____

Payroll Tax File Number: _____

Emergency Contact Details:

Name: _____

Relationship: _____

Phone Number: _____

Banking Details:

Bank Name: _____

BSB Number: _____

Account Number: _____

Tax and Superannuation:

Superannuation Fund Name: _____

Superannuation Fund ABN: _____

Membership Number: _____

Legal Declarations and Consent:

I declare that the information provided in this form is true and correct to the best of my knowledge. I understand that providing false or misleading information is a serious offence under Australian law. I consent to the collection, use, and disclosure of my personal information for employment and taxation purposes in accordance with applicable privacy laws. I acknowledge my obligation to inform my employer of any changes to the information supplied herein.

Privacy Notice:

Personal information collected on this form will be handled in accordance with the Australian Privacy Principles under

the Privacy Act 1988 (Cth). This information will be used for employment management, payroll, and statutory reporting. It may be disclosed to government agencies where required by law. You have the right to access and correct your personal information.

Employee Acknowledgment and Signature:

I have read and understood the above declarations and privacy notice:

Signature: _____

Name: _____

Date: _____

EMPLOYEE SIGNATURE

EMPLOYER REPRESENTATIVE SIGNATURE

Signature: _____

Signature: _____

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