

EMPLOYEE PERSONAL DETAILS FORM

Employee ID: _____ Department: _____

Personal Information:

Full Name: _____

Date of Birth: _____ Gender: _____

Residential Address: _____

Phone Number: _____ Email Address: _____

Emergency Contact Details:

Full Name: _____

Relationship: _____ Phone Number: _____

Employment Details:

Job Title: _____

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

Work Location: _____

Tax File Number (TFN): _____

Bank Account Details for Salary Payment:

Bank Name: _____

Account Name: _____

BSB Number: _____ Account Number: _____

Australian Employee Rights and Obligations Acknowledgement:

I acknowledge that I have read and understood the employee rights and obligations under Australian employment law, including but not limited to the Fair Work Act 2009, and any applicable awards, agreements and workplace policies. I agree to comply with the lawful and reasonable directions given by my employer and to perform my duties to the best of my abilities.

Privacy Consent and Declaration:

I consent to the collection, use and disclosure of my personal information by my employer in accordance with the Privacy Act 1988 (Cth) and related legislation to facilitate employment, payroll, tax, superannuation, and other legally required purposes. I declare that the information provided in this form is true, accurate, and complete to the best of my knowledge.

EMPLOYEE SIGNATURE

EMPLOYER REPRESENTATIVE SIGNATURE

Signature: _____

Name (Print): _____

Date: _____

Signature: _____

Name (Print): _____

Date: _____

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