

# NEW EMPLOYEE INFORMATION FORM

Position Applied For: \_\_\_\_\_ Department: \_\_\_\_\_

## Personal Details:

Full Name: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Postal Address (if different): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Identification:

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Australian Driver Licence No.: \_\_\_\_\_

Medicare Number: \_\_\_\_\_

## Employment Eligibility:

Australian Work Rights (e.g. Citizen, PR, Visa Type): \_\_\_\_\_

Proof of Eligibility Provided (tick): [ ] Yes [ ] No

## Emergency Contact:

Full Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Bank Account Details (for Payroll):

Bank Name: \_\_\_\_\_

BSB Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Tax File Number (TFN): \_\_\_\_\_

## Superannuation Details:

Fund Name: \_\_\_\_\_

Member Number: \_\_\_\_\_

Fund ABN: \_\_\_\_\_

## Qualifications and Experience:

Provide a brief summary of relevant qualifications, certifications, and previous employment experience related to the position applied for.

## Declarations and Agreements:

- I declare that the information provided in this form is true, complete, and correct to the best of my knowledge.

- I understand that providing false or misleading information is grounds for termination of employment.
- I consent to the collection, use, and disclosure of my personal information for recruitment and employment purposes as permitted
- I acknowledge that I have read and understood the company's policies and procedures relevant to my employment.
- I agree to abide by all lawful and reasonable directions and to perform my duties to the best of my ability.
- I understand that this form does not constitute a contract of employment, and employment is subject to the terms and conditions se

**EMPLOYEE SIGNATURE**

**EMPLOYER REPRESENTATIVE SIGNATURE**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

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