

STAFF DETAILS FORM

Position Title: _____ Department: _____

Employee Personal Information:

Full Name: _____

Residential Address: _____

Phone Number: _____ Email: _____

Date of Birth: _____ Gender: _____

Employment Details:

Employee ID Number: _____

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

Date of Commencement: _____ Supervisor/Manager: _____

Emergency Contact Information:

Full Name: _____

Relationship: _____ Phone Number: _____

Tax File Number (TFN):

TFN: _____

Bank Details for Salary Payment:

Bank Name: _____ BSB Number: _____

Account Number: _____

Australian Work Rights Declaration:

I declare that I am legally entitled to work in Australia and I have provided all necessary documentation to demonstrate this entitlement. I understand that providing false or misleading information is a serious offence under Australian law, and that any misrepresentation may lead to termination of employment and legal consequences.

Privacy Consent:

I acknowledge and consent that my personal information will be collected, used, and disclosed in accordance with the Privacy Act 1988 (Cth) and the Australian Privacy Principles for the purposes of recruitment, employment, payroll, and compliance with legal obligations. I understand I may request access to or correction of my personal information held by the employer.

Employee Declarations and Signature:

- I certify that the information provided in this form is true and correct to the best of my knowledge.
- I understand that providing false information may result in disciplinary action, including termination of employment.
- I agree to comply with all company policies and relevant Australian laws during my employment.

- I understand that this form will be retained as part of my employment records.

EMPLOYEE SIGNATURE

HR REPRESENTATIVE SIGNATURE

Signature: _____

Signature: _____

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