Employee Details Form

<insert name of employer>

Personal details

First Name: Last Name:

Start Date: \_\_\_/\_\_\_/\_\_\_ Tax File Number:

Male / Female Date of Birth: \_\_\_/\_\_\_/\_\_\_

Address:

Suburb: State: Postcode:

Home Phone: Mobile:

Next of Kin:

Relationship:

Address:

Suburb: State: Postcode:

Home Phone: Mobile:

Position details

Position Title:

Name of award or workplace agreement:

Employment status: Full time / Part time / Temporary / Casual

Hours to be worked each week:

Banking and superannuation details

Bank: Branch:

Account Name:

BSB: Acct Number:

Name of superannuation fund:

Member number:

Employer contribution:

**Licences and certificates**

|  |  |  |  |
| --- | --- | --- | --- |
| **Licence, certificate or qualification** | **Yes** | **No** | **Expiry date** |
| Driver’s licence |  |  |  |
| Forklift licence |  |  |  |
| Welding certificate |  |  |  |
| First aid certificate |  |  |  |
| Chemical user’s certificate |  |  |  |
| Other:  |  |  |  |

**Hearing tests**

|  |  |
| --- | --- |
| **Date of test** | **Results** |
|  |  |
|  |  |
|  |  |

**Qualifications and training**

**Training required**

1.

2.

3.

|  |  |  |
| --- | --- | --- |
| **Qualification** | **Training organisation** | **Date completed** |
|  |  |  |
|  |  |  |
|  |  |  |

*Manager to complete*

Pay rates - Annual: Monthly: Hourly:

Termination date: \_\_\_/\_\_\_/\_\_\_ by

Method of termination: consent / notice / summarily