

New Employee Details

personal information

First Name: _____ Surname: _____

Second or Middle Name: _____ Preferred Name: _____

Date of Birth: _____
(dd/mm/yyyy)

Address: _____

Suburb: _____ State: _____ Postcode: _____

Phone: _____ Email: _____

COVID-19 vaccination status

- I have not received a vaccination and do not intend to
 - My first dose is booked
 - I've received my first dose and my second dose is booked
 - I've received both doses
-

next of kin

Name: _____

Phone: _____

Relationship: _____

New Employee Details

pay & taxation

BSB: _____ Acc Number: _____

Account Name: _____

Tax File Number: _____

Would you like to claim the Tax Free Threshold?

Yes

No

superannuation

Superfund Name: _____

Membership No: _____

Fund BSB: _____ Fund ABN: _____

Fund Acc Number: _____

USI: _____
