



Employee Details Form

First Name: _____ Last Name: _____
Start Date: ____/____/____ Tax File Num:

Position Title: _____

Gender: (circle one) F / M Date of Birth: ____/____/____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Home Phone: _____ Mobile: _____

Email Address: _____

Bank: Name: _____ Branch: _____

Account Name: _____

BSB: Account Number:

CBUS Membership Number: _____

Incolink Membership Number: _____

Coinvest Membership Number: _____

Are you an Australian citizen? Y / N

If no,

- Are you a permanent resident? Y / N
- Do you have a Working Visa? Expiry date: ____/____/____
- Any restrictions: _____

Next of Kin: _____

Relationship: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Home Phone: _____ Mobile: _____ Work: _____

Employee's Signature: _____ Date: ____/____/____

Manager's Signature: _____ Date: ____/____/____

Manager to complete:

Status: Full Time

Part Time

Casual

Pay Rate:

Annual _____

Monthly: _____

Hourly: _____

Date of First Pay Review: ____/____/____