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# EMPLOYEE DETAILS

EMPLOYEE FORM

PLEASE COMPLETE AND FORWARD TO:  
SUPERVISING MANAGER

## EMPLOYEE DETAILS (PLEASE USE BLOCK LETTERS)

**New Employee Details**     **Amendment**    Start Date: ... .. / ... .. /... ..    Finish Date: ... .. / ... .. /... ..

Employee ID: ... ..    Title: Mr / Ms / Mrs    Surname: ... ..    Given Names: ... ..

Address: .....

Email for payslips: .....

Mobile No: ... ..    DOB: ... .. / ... .. /... ..     Male     Female

**Drivers Licence:** ... .. (Class) ... .. (#)     Attached    **Fork Licence:** ... .. (#)     Attached

Other Licence: ... ..     Attached    Medical Survey completed (Y) / (N)     Attached

## TAXATION DETAILS

**Tax File Number:**               TFN Declaration Completed

If not an Australian Citizen, are you an Australian resident for taxation purposes?     Yes     No

Do you wish to claim the tax free threshold for this position?     Yes     No

Do you have an accumulated Higher Education Contribution Scheme (HECS) debt?     Yes     No

I agree to have my tax file number passed on to my superannuation fund     Yes     No

## BANK DETAILS *(All details provided must be verified with your bank)*

Name of Bank: ..... Branch: ..... Ph: .....

**BSB:**    -       **Account:**

Account Name: .....

## SUPERANNUATION DETAILS

Name of Fund: ..... Membership # ..... SPIN: .....

Do you wish to pay additional employee contributions?     Yes     No    \$ ..... (per week)

## DECLARATION

### Employee

Signature:.....

Date:.....

*Please retain a copy for your records*

By signing I declare that the information I have provided on this form is complete and accurate.

### OFFICE USE ONLY