



Employee Details Form

Company Name:	
Personal Details	
Given Names	
Surname	
Date of Birth	
Address / Suburb & Postcode	
Home Phone Number	
Mobile Number	
Email	
Next of Kin - Name & Phone	
Licenses and Permits	
License Name Licensed Number Expiry Date	
Emergency Contact - Name & Phone	
Medical Information	
Diabetic Y/N	
Epilepsy Y/N	
Blood Type: <i>(Please enter one of these)</i> A+, O+, B+, AB+, A-, O-, B-, AB- or unknown	
General Practitioner - Doctor Name	
Surgery Name	
Surgery Contact Phone Number	
Pre Existing Conditions or Injuries	
Mode of Pay - Main Account	
Bank Account Name	
BSB	
Account Number	
Bank	
Tax Details	
Employee Tax File Number	
TFN Declaration Date (date signed form)	
Claim the tax-free threshold	YES NO
Australian resident for tax purposes	YES NO
Higher Education Loan Debt (HELP)	YES NO
Financial Supplement Debt	YES NO
Additional Information	



motorpoint



Employee Details Form

Superannuation			
Name of Fund			
Name of Account			
Membership Number			
Fund ABN + SPIN			
Fund BSB + Account Number			
Fund Contact Details + Tei			
Office Use Only: Employment Details			
Employee Name			
Position			
Start Date with Company			
Salary p.a. (FT or FTE)		Or Hourly Rate	
Modern Award & Classification			
Tenure	Full Time	Part Time	Casual
Days per Week + Hours per Day			
Allowances or Deductions			
Annual leave Accrues per annum (Pro-rata for PT)	4 Weeks	5 Weeks	6 Weeks
Leave Loading Applicable	YES	NO	%
Additional Information			