

New Employee Information Sheet

Please fill out this form along with the [TFN Declaration Form](#) and your [Super Choice Form](#) and hand back to the office.

Personal Details

Title: Dr. Mr. Miss. Mrs. Ms.

First Name:

Middle Name(s):

Last Name:

Date of Birth:

Tax File Number:

Email Address:

Postal Address

Address 1:

Address 2:

City:

State:

Post Code:

Country:

Bank Account Information

BSB:

Account Number:

Account Name:

Office Use Only:

Employment Start Date:

Payroll Number:

Contact Information

Home Phone:

Mobile Phone:

Next of Kin

Name:

Relationship:

Home Phone:

Mobile Phone:

Address:

City:

State:

Post Code:

Any Notes:

I hereby declare that the above information is true and correct. I also authorise a representative to contact my nominated next of kin in the case of an emergency within the workplace.

Name:

Date:

Signature: