

EMPLOYEE DETAILS FORM

PERSONAL DETAILS

Employee Hand scan No:

Surname:			
First Name:		Middle Name:	
Date of Birth:		Gender:	
Address:			
Suburb:		State:	
		Post Code:	
Postal Address:			
Suburb:		State:	
		Post Code:	
Personal Mobile:		Home Phone:	
Personal Email:			
Driver's Licence:			
Number:		Class:	
		Expiry:	
Country of Issue:			
Tax File Number:			
Are you an Australian Resident for Tax purposes:			
Bank:		Branch:	
Account Name:			
BSB:		Account Number:	
Passport Number:			
		Expiry:	
Country of Issue:			
Nationality:			
VISA Number:		VISA Type:	
		VISA Expiry:	

OTHER OPERATING LICENCES / QUALIFICATIONS

Forklift:		Date of issue:		Expiry:	
EWP		Date of issue:		Expiry:	
White Card:		Date of issue:		Expiry:	N/A
First Aid Course:					
		Date of issue:		Expiry:	
Other Qualifications:					

MEDICAL HISTORY

Do you have any medical conditions (i.e. asthma, epilepsy, diabetes):	
Do you have any allergies (i.e. bees, nuts, penicillin):	
Are you currently taking any medication that we need to be aware of:	

Surname:		First Name:	
EMERGENCY CONTACT DETAILS			
Next of Kin:			
Relationship:			
Address:			
Suburb:		State:	
		Post Code:	
Mobile:		Home Phone:	
Email Address:			

Date Completed:	
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