ROSTERELF

New Employee Details Form

Employee Information Collection

Template Version 1.0 | June 2026

Privacy Notice

The information collected in this form will be used for employment, payroll, and superannuation purposes. Your personal information will be handled in accordance with the Privacy Act 1988 and our Privacy Policy.

Section 1: Personal Details

Legal Family Name (Surname) *

Legal Given Names *

Preferred Name (if different)

Title (Mr/Mrs/Ms/Mx/Dr)

Pronouns (optional)

Date of Birth *

Gender

Section 2: Contact Information

Residential Address *

Suburb / City *

State *

Postcode *

Postal Address (if different from residential)

Mobile Phone *

Home Phone

Personal Email Address *

Section 3: Emergency Contact

Emergency Contact Name *

Relationship to You *

Contact Phone (Primary) *

Contact Phone (Secondary)

Emergency Contact Address

Section 4: Employment Details (Office Use)

Position Title *

Department / Team *

Manager / Supervisor Name *

Work Location *

Start Date *

Employee ID

Employment type:

- [ ] Full-time permanent
- [ ] Part-time permanent
- [ ] Casual
- [ ] Fixed-term contract
- [ ] Maximum-term contract

Contracted Hours Per Week

Award / Agreement

Classification / Level

Section 5: Right to Work in Australia

Are you an Australian citizen or permanent resident?

- [ ] Yes - Australian citizen
- [ ] Yes - Permanent resident
- [ ] No - I hold a visa with work rights

If on a visa, visa type and number

Visa expiry date

Work restrictions (if any)

Proof of right to work:

- [ ] Australian passport or birth certificate provided
- [ ] Visa verification completed (VEVO)
- [ ] Verification pending

Section 6: Tax File Number Declaration

Tax File Number (TFN) *

If you do not provide your TFN, tax will be withheld at the highest marginal rate.

Residency status for tax purposes:

- [ ] Australian resident for tax purposes
- [ ] Foreign resident for tax purposes
- [ ] Working holiday maker

Do you want to claim the tax-free threshold from this employer?

- [ ] Yes
- [ ] No (claiming from another employer)

Do you have a Higher Education Loan Program (HELP), VSL, or other study loan debt?

- [ ] Yes
- [ ] No

Section 7: Superannuation

Do you have an existing superannuation fund you want contributions paid to?

- [ ] Yes - my preferred fund details below
- [ ] No - use employer default fund
- [ ] Self-managed super fund (SMSF)

Preferred Superannuation Fund

Fund Name

Fund ABN

Unique Superannuation Identifier (USI)

Member Number

Section 8: Bank Account for Salary Payments

Account Name *

BSB *

Account Number *

Do you want to split your pay between multiple accounts?

- [ ] No - pay full amount to account above
- [ ] Yes - see second account details below

Second Account (if splitting pay)

Account Name

BSB

Account Number

Amount or percentage to second account

Section 9: Qualifications and Licences

Relevant qualifications, certifications, or licences:

Do you hold any of the following? (Select all that apply)

- [ ] Driver's licence
- [ ] Working with Children Check
- [ ] National Police Check
- [ ] First Aid Certificate
- [ ] Responsible Service of Alcohol (RSA)
- [ ] Responsible Conduct of Gambling (RCG)
- [ ] Food Safety Certificate
- [ ] White Card (construction)
- [ ] Forklift licence
- [ ] Other industry-specific licence

Driver's licence number (if applicable)

WWCC/Blue Card number (if applicable)

Section 10: Health and Safety

Do you have any medical conditions, injuries, or disabilities that may affect your ability to perform the duties of this role?

- [ ] No
- [ ] Yes - details provided confidentially

Do you require any workplace adjustments or accommodations?

- [ ] No
- [ ] Yes - please discuss with manager

Section 11: Declaration

- I declare that the information provided in this form is true and correct.
- I agree to notify my employer promptly if any of this information changes.

- I authorise my employer to use this information for employment, payroll, and superannuation purposes.
- I understand that providing false information may result in termination of employment.

Employee Signature: _____ Date: _____

Section 12: For Office Use Only

Date Form Received

Processed By

- [ ] TFN declaration lodged with ATO
- [ ] Superannuation fund set up
- [ ] Payroll system updated
- [ ] Employee file created
- [ ] IT access arranged
- [ ] Induction scheduled

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