



# DARWIN AUTO MOTORS



## 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	



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## 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			