

Employment record – Employment details

To be completed and retained for each employee(PLEASE PRINT)

Employer details

Registered name: ABN:

Employee details

Surname:	
First Name	
Preferred Name	

Are You Aboriginal or Torres Strait Islander Origin: Yes ☐ No ☐

Are you an Australian Citizen / Resident : Yes ☐ No ☐

If No, you MUST provide a working visa before commencing work

Any relevant Medical Conditions? : Yes ☐ No ☐ If yes

Are you receiving a Disability Allowance? : Yes ☐ No ☐

Are you receiving Workers Compensation? : Yes ☐ No ☐

Any previous Workers Compensation Claims: : Yes ☐ No ☐

If YES, Type of Claim

Date of Claim

Name of Insurance Company

Date of birth*: Phone number(s)*:

Address*:

Email:

Tax file number*: Date employment commenced:

Bank Account Name:

BSB Number:

Bank Account Number:

Bank Name:

Superannuation fund name:

Employee membership no:

Incolink Member No:

LSL Number:

Next of kin*: Contact details*:

Relationship:

Other Details

Signature:

Date:

Please send your ID, White Card, Drug & Alcohol Impairment Training, Headshot Photo with your forms

Office use only

Employment status: ☐ Ongoing ☐ Temporary ☐ Other (specify)	
☐ Full-time ☐ Part-time ☐ Casual ☐ Other (specify e.g.,	
Ordinary hours of work* (for part-time or full-time employee, e.g., 38	hours