

**STAFF DETAILS FORM**

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| Employee Name: |
| Employee Phone: |
| Employee Email: |
| ID No of Family Supported: |
| Pay Rate Level: |
| Employee Number: |

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| Residential Address: |  | |
| Postal Address:  (if not same as above) |  | |
| Alternative Phone Contact: |  | |
| Preferred Method of Contact |  | |
| Next of Kin Details:  Phone No. |  | |
| Next Kin of Relationship: |  | |
| Vehicle Registration Number: |  | |
| Bank Name: |  | |
| Name of Account Holder: |  |  |
| Bank BSB: |  | |
| Account Number: |  | |
| Driver’s License Number: |  | |
| Signature of New Employee: | | **Date:** |
| OFFICE INFORMATION | | |
| Date of First Interview in Office: | |  |
| Date of Family Meeting: | |  |
| Date Employment Commenced: | |  |