

Employment Form

This form and a tax file number declaration form must be completed by **all** employees. Completed forms are to be returned to Andy Duggan, Tim JohnsonLS, Dan Taylor or Tom Duggan on the day you start work, or emailed to Fran Duggan at fran20081@live.com



Please tick : TCS JLS CLS

Full name

Address

<input type="text"/>	Postcode
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Mobile

Email

Emergency contact

Name	Contact number	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of birth

Superannuation fund name

Superannuation membership number

Tax file number

Bank details

BSB	Account Number	Account Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Employed as (please tick)

Shearer Classer Presser Penner-up Shed Hand Cook

Health information

Do you have any of the following medical conditions?

Epilepsy Yes/No Asthma Yes/No Q-Fever Yes/No Type 1 Diabetes Yes/No

Have you ever had: Back injury Yes/No Knee injury Yes/No Shoulder/arm/neck injury Yes/No

Are you aware of any other medical condition or other issue relating to your health and physical fitness which may prevent you from undertaking the duties of the job for which you are to be employed, or that we should be made aware of to ensure your ongoing health and safety? Please provide details:

Declaration and authorisation

I declare that:

- the information provided in this form is correct.
- I have read and agree to comply with the terms and conditions of employment.

I authorise:

- for my wages to be directly deposited into the above-mentioned bank account
- for the deduction of any monies related to my draws, mess, accommodation costs, shearing equipment purchases or other agreed expenses to be taken from my wages prior to them being deposited.

I acknowledge that if I do not provide my superannuation details within 14 days of starting employment that a superannuation account will be opened for me with Prime Super.

Signature _____ Date _____