

EMPLOYEE INFORMATION FORM

Position Applied For: _____ Department: _____

Personal Details:

Full Name: _____

Date of Birth: _____

Residential Address: _____

Phone Number: _____

Email Address: _____

Employment Eligibility:

Are you legally authorised to work in Australia? (Yes/No): _____

Do you hold a valid Australian Tax File Number (TFN)? (Yes/No): _____

Emergency Contact Details:

Full Name: _____

Relationship: _____

Phone Number: _____

Employment History:

Most Recent Employer: _____

Position Held: _____

Duration of Employment: _____

Reason for Leaving: _____

Qualifications and Skills:

Educational Qualifications: _____

Professional Certifications: _____

Key Skills: _____

Privacy and Consent:

I understand that the information provided on this form is collected and used for employment purposes in accordance with the Privacy Act 1988 (Cth). I consent to the collection, use, and disclosure of my personal information as described in the company's Privacy Policy. I certify that the information provided is true and correct to the best of my knowledge and I understand that providing false or misleading information may result in termination of employment or other legal action under Australian law.

Declaration and Signature:

I declare that I have read and understood the above Privacy and Consent statement, and I agree to the terms therein. I acknowledge that this form is a legally binding document under Australian law.

Applicant's Signature: _____

Print Name: _____

WITNESS SIGNATURE

WITNESS NAME (PRINT)

Signature: _____

Name: _____

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