NEW EMPLOYEE DETAILS FORM

**EMPLOYER**

**SUNCOAST HARVEST PTY LTD**

ID NUMBER

**PERSONAL DETAILS**

FIRST NAME \_\_\_\_\_\_ \_\_\_\_\_

LAST NAME \_\_\_\_\_\_\_\_\_\_\_\_

ENGLISH NAME \_\_\_\_\_

SEX \_\_\_\_

DATE OF BIRTH / /

(DD/MM/YYYY)

NATIONALITY \_\_\_\_\_\_\_\_\_\_\_\_

DRIVERS LICENCE \_\_\_\_\_\_\_\_\_\_\_\_

TAX FILE NUMBER \_\_\_\_\_\_\_\_\_\_\_\_

VISA EXPIRY \_\_\_\_\_\_\_\_\_\_\_\_

PASSPORT NUMBER \_\_\_\_\_\_\_\_\_\_\_\_

**CONTACT DETAILS**

PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL \_\_\_\_\_\_\_\_\_\_\_\_

**ADDRESS IN AUSTRALIA**

STREET NAME/No \_\_\_\_\_

SUBURB \_\_\_\_\_\_\_\_\_\_\_\_

POST CODE \_\_\_\_\_

**BANK DETAILS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |

BSB NUMBER

ACCOUNT NUMBER \_\_\_\_\_\_\_\_\_\_\_\_

BANK NAME \_\_\_\_\_\_\_\_\_\_\_\_

ACCOUNT NAME \_\_\_\_\_

**Basis of Employment:** Casual Farm Labourer. Level 1. Horticulture Award MA000028

**EMERGENCY CONTACT INFORMATION**

CONTACT NAME \_\_\_\_\_\_\_\_\_ \_\_\_\_\_

CONTACT NUMBER \_\_\_\_\_

**SUPERANNUATION**

**FULL** NAME OF FUND \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEMBER NUMBER \_\_\_\_\_

COMPLETED SUPER CHOICES FORM ATTACHED

I \_\_\_\_\_\_\_\_\_\_\_\_

(PLEASE PRINT NAME)

HAVE READ AND UNDERSTOOD ***SAFE WORK INSTRUCTIONS***

HAVE READ AND UNDERSTOOD ***EMPLOYEE INDUCTION***

HAVE READ AND COMPLETED ***“DISCLOSURES”*** ON PAGE 2

I \_\_\_\_\_\_\_\_\_\_\_\_

(PLEASE PRINT NAME)

*AFFIRM THE INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT.*

SIGNED: \_\_\_\_\_\_\_\_\_\_\_

DATE: / /20

***FOR OFFICE USE ONLY***

*TRAINER NAME:*

*SIGNED BY TRAINER:*

*DATE:*

**START DATE:**\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/20\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**END DATE:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/20\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **DISCLOSURES** | **SPECIFY** |
| WHAT TRAINING QUALIFICATIONS, CERTIFICATES OF LICENCING OR TICKETS DO YOU HOLD THAT ARE RELEVANT TO THIS JOB?  (PROOF TO BE PROVIDED) |  |
| HAVE YOU BEEN CHARGED OR CONVICTED OF A CRIMINAL OFFENCE IN AUSTRALIA OR OVERSEAS? IF YES YOU ARE REQUIRED BY LAW TO OUTLINE THE NATURE AND DATE OF THE OFFENCE(S) OTHER THAN CONVICTIONS UNDER COMMONWEALTH LAW THAT OCCURRED MORE THAN 10 YEARS AGO. | PLEASE ANSWER NO/YES (IF YES DECLARE NATURE AND DATE) |
| WE REQUEST THAT YOU DISCLOSE ANY PRE-EXISTING INJURIES OR DISEASES OF WHICH YOU ARE;   1. AWARE OF 2. COULD REASONABLY BE EXPECTED TO FORESEE COULD BE AFFECTED BY THE NATURE OF THE POSITION YOU ARE APPLYING FOR. 3. ARE YOU AWARE OF ANY PRE-EXISTING INJORY OF DISEASE THAT MAY BE AFFECTED BY THIS WORK | PLEASE ANSWER NO/YES (IF YES DECLARE INJURIES OR DISEASE) |
| HAVE YOU PREVIOUSLY MADE ANY WORKCOVER OR SIMILAR WORKERS COMPENSATION CLAIMS OR COMMON LAWS AGAINST AN EMPLOYER? | PLEASE ANSWER NO/YES (IF YES DECLARE CLAIMS) |
| ARE YOU AWARE THAT WE ARE A SMOKE FREE WORK PLACE AND THAT YOU ARE NOT PERMITTED TO SMOKE IN ANY INDOOR AREAS WHILST WORKING. SMOKING IS NOT PERMITTED AROUND ANY OF THE PLANTS OR FRUIT. SMOKING IS ONLY PERMITTED IN DESIGNATED AREAS. | PLEASE ANSWER NO/YES |
| ARE YOU AWARE THAT WE ARE A DRUG AND ALCOHOL FREE ENVIRONMENT? DRUGS AND ALCOHOL ARE NOT PERMMITED IN THE WORKPLACE OR ANY ACCOMMODATION ON THE PROPERTY. | PLEASE ANSWER NO/YES |
| ARE YOUR ENGLISH LANGUAGE READING SKILLS ADEQUATE FOR YOU TO UNDERSTAND THE FOLLOWING DOCUMENTS;  SAFE WORK INSTRUCTIONS  EMPLOYEE CODE OF CONDUCT  EMERGENCY EVACUATION  FOOD SAFETY INSTRUCTION  COVID-19 PERSONAL DISCLOSURE | PLEASE ANSWER NO/YES  VERIFIED BY TRAINER: |
| IF YOU ANSWERED NO TO THE ABOVE QUESTION WHO INTERPRETED THESE DOCUMENTS FOR YOU | NAME OF INTERPRETER:  SIGNED BY INTERPRETER: |