

Employee or Contractor Details Form

Devoted Care Services



First Name: _____ Last Name: _____

Start Date: ____/____/____

Position Title: _____

Gender: (circle one) M / F

Date of Birth: ____/____/____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Home Phone: _____ Mobile: _____

Email Address: _____

Employee Tax File:

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Details for contractors:

Company Name: _____

Company Address: _____

Employee or Contractor Details Form

Devoted Care Services



Company Phone Number: _____ Company email: _____

ABN: _____ ACN: _____

Bank Details

Bank: Name: _____ Branch: _____

Account Name: _____

BSB:

--	--	--

--	--	--

Account Number

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Are you an Australian citizen? Y / N

If no,

- Are you a permanent resident? Y / N
- Do you have a Working Visa? Expiry date: ____/____/____
- Any restrictions? _____

Next of Kin: _____

Relationship: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Home Phone: _____ Mobile: _____ Work: _____

Details for secondary employer (if applicable):

Company Name: _____

Company Address: _____

Company Phone Number: _____ Company email: _____

ABN: _____ ACN: _____

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Employee/Contractor's Signature: _____ Date: ____ / ____ / ____

Manager's Signature: _____ Date: ____ / ____ / ____

Office Use Only

Employee:

Status:

Full time ☐

Part time ☐

Casual ☐

Pay rate:

Annual _____

Monthly _____

Hourly rate _____

Date of first pay review: ____ / ____ / ____

Contractor:

Status: Base Hourly Rate: _____ Status: Contractor

Date of First Pay Review: _____