

Employment record – Employment details

To be completed and retained for each employee

Employee details

Full legal

Date of birth*: / / Phone number(s)*:

Address*:

Email *:

Tax file number*:

Bank Account Details *:	BSB	A/C No.
Account Name	<input type="text"/>	

Superannuation fund name†:

Superannuation ABN

Unique Superannuation Identifier

Employee membership no:

Next of kin/ Emergency Contact:	Name:	Contact number*:	<input type="text"/>
	Relationship:		

Please answer the following information

Do you currently hold a Stablehand registration? Yes / No Issuing state: _____

Are you currently a licensed Jockey / Trainer? Yes / No

Have you completed the mandatory training required by the Principal Racing Authority? Yes / No

Are you an Australian citizen? Yes / No

If no, Are you a permanent resident? Yes / No

Do you have a Working Visa? Expiry date: / /

Are there any restrictions on your Working Visa? Yes / No
If yes, please give relevant details:

.....

.....

Do you have any existing injuries or illnesses that may prevent you from performing your role that we should be aware of? Yes / No
If yes, please give relevant details:

.....

.....

Do you have any existing or pending Workcover Claims? Yes / No
If yes, please give relevant details:

.....

.....

Signature _____ Date _____