



Employee details form

Step 1 Arrange a time with your new employee to complete the employee details form

Give the employee a copy of the form in advance so they know what information you are going to need. Ask them to bring along their:

- Completed tax file number declaration
- Passport and visa (if applicable)
- Superannuation standard choice form
- Copies of any licences and certificates
- Copies of any qualifications and training certificates.

Step 2 Meet with your new employee to complete the employee details form

This contract caters for both **full-time and permanent** employees – fill in the detail, where indicated in red. There is a separate contract for **casual workers** (the next document in your ESKi folder) available at: thepeopleindairy.org.au/employment-rewards/contracts-and-agreements

Step 3 Attach the position description

Meeting face to face with your new employee to complete the form and talk about the detail required is a good time to:

- explain the terms and conditions of employment, including giving them a copy of the Fair Work Information Statement and pointing out where to find the Pastoral Award 2020. This may require discussion of a hearing test (see below)
- identify any training required
- allow the employee to ask questions, and
- describe your expectations for job

Key messages

All employment records must contain the following:

- the name of the employer;
- the name of the employee;
- whether employment is full time or part time;
- whether employment is permanent, casual or temporary; and
- the date the employment began
- the ABN of the employer

These records can be kept on an employee details form.

Hearing tests (audiometric testing)

A person conducting a business (includes all employers, sole traders, principal contractors incorporated associations, partnerships, franchises and volunteer organisations that employ people) has obligations under the Work Health and Safety Regulations to manage the risks of hearing loss associated with noise at the workplace, including:

- ensuring that the noise a worker is exposed to at the workplace does not exceed the exposure standard for noise (refer to thepeopleindairy.org.au/farmsafety for more information).
- providing audiometric testing to a worker who is frequently required to use personal hearing protectors to protect the worker from hearing loss associated with noise that exceeds the exposure standard.

Audiometric testing (Occupational Health and Safety Regulations 2007, Part 3.2 – Noise, clause 3.2.11)

- This regulation applies in relation to a worker who is frequently required to use personal protective equipment to protect them from the risk of hearing loss associated with noise that exceeds the exposure standard for noise.
 - The person conducting the business who provides the personal protective equipment as a control measure must provide audiometric testing for the worker within three months of the worker commencing work.
- Starting the audiometric testing before people are exposed to hazardous noise (such as new starters or those changing jobs) provides a baseline as a reference for future audiometric test results.

Regular follow-up tests must be carried out at least every two years. These should be undertaken well into the work shift so that any temporary hearing loss can be picked up.

Managing the risk

To manage risk under the WHS Regulations, you must:

- identify reasonably foreseeable hazards that could give rise to the risk eliminate the risk so far as is reasonably practicable
- if you can't eliminate the risk – minimise the risk so far as is reasonably practicable by implementing control measures, i.e. provide personal protective equipment
- maintain or replace hearing protection as necessary
- review, and if necessary revise, risk control measures so as to maintain, so far as is
- reasonably practicable, a work environment that is without risks to health and safety

For further information

Call your dairy adviser or visit
thepeopleindairy.org.au/eski

Employee Details Form

<insert name of employer>

<insert ABN of employer>

Personal details

First Name: _____ Last Name: _____

Start Date: ____/____/____

Tax File Number:

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Male / Female

Date of Birth: ____/____/____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Home Phone: _____ Mobile: _____

Email address:

Next of Kin: _____

Relationship: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Home Phone: _____ Mobile: _____

Position details

Position Title: _____

Name of award or workplace agreement: _____

Employment status: Full time / Part time / Temporary / Casual

Hours to be worked each week: _____

Banking and superannuation details

Bank: _____ Branch: _____

Account Name: _____

BSB:

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 Acct Number: _____

Name of superannuation fund: _____

Member number:

Employer contribution: _____

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?

Employee Details Form

Licences and certificates

Licence, certificate or qualification	Yes	No	Expiry date
Driver's licence			
Forklift licence			
Welding certificate			
First aid certificate			
Chemical user's certificate			
Other: _____			

Hearing tests

Date of test	Results

Qualifications and training

Training required

1. _____
2. _____
3. _____
4. _____

Employee Details Form

Qualification	Training organisation	Date completed

Fair Work Information Statement provided to employee _____ Y / N

Employee/ Signature: _____ Date: ____ / ____ / ____

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

Employee details form:

Office Use Only

Employee Details	✓	Date	
Contract: Signed copy received			
TFN Lodged			<i>Must be within 14 days of form being signed</i>
Employment Status	<input type="radio"/> Permanent FT <input type="radio"/> Permanent PT <input type="radio"/> Casual		
Classification of employment	FLH	Pay rate / hour	\$
Pay Period Wage	\$	Weekly/Monthly	
Payroll details entered			Zoom/MYOB/Accounts
Super form/details submitted (TFN)			
Visa confirmation			
Passport sighted/copy		Number	
Immediate Supervisor			
Annual pay review due			

Termination Date:	By:
Method of Termination:	<input type="radio"/> Consent <input type="radio"/> Notice <input type="radio"/> Summarily