

New Employee Information**Scarlett Contracting**

Name:	DOB:
Mobile:	Other Phone:
Email:	TFN:

ADDRESS DETAILS

Home Address:	
Post Code:	

Postal Address:	
Post Code:	

EMERGENCY CONTACT DETAILS

Name:	Email:
Mobile/Phone:	Relationship:

BANK DETAILS

Account Name:	
Name of Bank:	
BSB:	Account Number:

ColInvest (Long Service Leave) No: _____

Incolink (Income Protection): _____

SHIRT / JUMPER Size :

SUPERANNUATION DETAILS:

Super Fund Name: _____

Membership Number: _____

Super Fund Phone Number: _____

(if your superfund details are not received within two weeks of commencing employment, your super contributions will be paid into the company super fund.

COMMENCEMENT DATE:

PAY RATE AS AGREED WITH MATT:

NOTES: