

## EMPLOYEE PAYROLL/ADMINISTRATION ADVICE

Given Name	Family Name	Gender M F Other
Street Address		
Suburb		Postcode
Which Job Network Agency are you registered with?		
Driver's Licence	Date of Birth	Country of Birth
Home Phone		Mobile Phone
Person to contact in case of emergency		Emergency person's telephone number
Main language spoken	Do you require assistance with the English language? Yes No	
<b>Confidential information for payroll use</b>		
Tax File Number		Passport Number
BSB Number		Bank Account Number
Name of Bank		Name of Account Holder/s

Employee's email address.....

**HEALTH ASSESSMENT**

<b>Do you have or have you ever had any of the following?</b>	<b>Yes</b>	<b>No</b>	<b>If Yes, please give details.</b>
Asthma, hay fever, bronchitis, sinus or lung problems?			
Dislocation of any joint or broken bones?			
Sore back, neck, muscle problems or strains?			
Motor vehicle injuries?			
Dermatitis, tinea or other skin irritation?			
Head injuries including concussion?			
Problems with hearing?			
Work in cold conditions?			
Take medicine to help you be healthy?			
Admitted to hospital for more than two days?			
Operations for stomach muscle rips or hernia tears?			
Operations in hospital planned for the future?			
Do you smoke cigarettes?			
Do you drink alcohol?			

Will you attend a doctor’s appointment for a medical check if we ask you to do so?    Yes    No  
 Agresolve will pay for the medical check.

I ..... hereby declare that all information given on this form is true and complete. I understand that any false or misleading information may lead to my continued employment being reviewed and may result in my employment with Agresolve Pty Ltd being terminated.

Signed .....

Dated .....