



Employee Details Form

This page is for employees to complete after accepting a position at the arena. It is to be completed by the employing manager only when employment has been authorised and the Letter of Offer signed.

Employee First Name	
Employee Last Name	
Contact Number:	
Tax File Number	
Date of Birth	
Address:	

Offer of Employment

You are offered employment with Flip Out under the following terms and conditions (and/or as may be varied), pursuant to the relevant employment contract:

Commencement Date:	
Classification:	
Location:	
Employment Type:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual
Pay Frequency:	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly
Ordinary Hours:	

For Part Time and Full Time Employees

Remuneration		
Salary:		PA / PF / PW
Allowances:		PA / PF / PW
Signed		
Franchisee or Manager:		Date:



Bank Details

Band Name:	
Branch Location:	
BSB Code:	
Account Number:	

Uniform Details

Please indicate your shirt size.

<input type="checkbox"/> Small	<input type="checkbox"/> Medium	<input type="checkbox"/> Large
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Superannuation Details:

Fund Name:	
Membership Number:	
Salary Sacrifices: (percentage or amount – not compulsory)	

Emergency Contact Information

Name:	
Relationship:	
Contact Numbers: (provide at least two)	

Pre-Existing Medical Conditions

Please list any medical conditions that you currently experience or have experienced in the past. Please include any assistance, services or facilities in order to perform the requirements of your employment, any physical inability to undertake occasional heavy lifting, and anything else that may affect your ability to carry out the duties required for the position applied for:

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Declaration:

I declare the above information as correct and that I have not withheld any pertinent information from Flip Out.

Signed:	Date:
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