

Blueberry Fields
Employee Personal Details

Family Name _____ Given names _____ (English Name _____)

Address _____
_____ Postcode _____

Email _____ @ _____
(for your payment summary which you use for your tax return, and for superannuation information)

Tel/Mobile - -

Date of birth _____ Male/Female

Car registration number Car colour _____ Sedan/Wagon

You must also complete a **Tax File Number Declaration Form** for the Australian Taxation Office.

Bank details for electronic transfer of your pay

Your name as shown on your account _____

BSB Number - Account Number _____

Bank/Credit Union Name _____

General health

Yes No (please circle)	1. Do you have any medical condition that would be aggravated by physical work or any medical condition that we should be aware of?	If Yes, please specify.
Yes No (please circle)	2. Have you ever suffered an injury in the workplace?	If Yes, please specify.
Yes No (please circle)	3. Are you suffering from any food borne infectious diseases?	If Yes, please specify.
Yes No (please circle)	4. Have you ever had a bad reaction to a bee sting?	If Yes, please specify.

Next of kin (In case of accident or sickness)

Name _____ Relationship _____

Mobile/Tel _____ Address _____

Office use only	
Pre-employment (F) _____	Piecework Rate (G) _____ Entitlement to Work (H) _____ Exp _____
TFN _____	Super Fund Notes _____ Farm Maintenance WHS Form _____
ENTERED; FA _____	FA Xpress _____ HDB _____ SMS _____ MYOB _____