

## Employee Information

FORM-HRM-002

### SECTION 1 | To be completed by ALL personnel including work experience, work trial and volunteers

Personal Information			
Full Name		Preferred Pronoun	
Address (include suburb & postcode)		Driver's Licence No. & Expiry	
		Mobile Phone	
Home Phone		Date of Birth	
E-mail Address		Tax File Number	
Emergency Contact Information			
Emergency Contact 1		Emergency Contact 2	
Full Name			
Relationship			
Address (include suburb & postcode)			
Contact Phone			
Medical Information			
Medicare Card Number		Blood Type	
Do you have any known allergies? Please tick <u>ALL</u> appropriate	Bees/Wasps Nuts Herbicide sensitivity	Latex sensitivity No known allergies Other, please specify	
Do you carry an EpiPen for your allergies? If yes, what is the expiry date on your EpiPen? Do you have asthma? If yes, do you carry an inhaler? Are you colour-blind? Do you require glasses for driving?		What is your USI (Universal Student Identifier) Do you have current First Aid Certificate Do you manual WA Driver's Licence? Do you have chainsaw certification? Do you have current Police Clearance? Do you have a Pesticide Licence?	
Have you made a worker's compensation claim in the past?	If Yes, please provide details:		
Do you have any medical conditions that may affect your work?	If Yes, please provide details:		

## Employee Information

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### SECTION 1 (continued) | To be completed by ALL personnel including work experience, work trial and volunteers

Direct Credit Authorisation	
Your Name	
Account Name	
BSB	
Account Number	
Branch	

#### Declaration

- I hereby declare that the information provided is true and correct. I understand that any willful dishonesty may result in immediate termination of employment.
- I authorise Natural Area Holdings Pty Ltd to use the information provided in accordance with the NAH Privacy Policy

Signed \_\_\_\_\_

Date \_\_\_\_\_

Submit this form by pressing the yellow Submit button - OR -  
Email direct to kimberly.carter@naturalarea.com.au

## Employee Information

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### SECTION 2 | To be completed by personnel if an offer of employment is made

Superannuation Details	
Employee Name	
Account Name	
Fund Name	
Membership Number	
Fund ABN	
SPIN of Super Fund	

### Uniform & PPE

**Please select your sizing for the following items:**

*If unsure please estimate, we will have other sizes available to try.*

Long Sleeve Hi-Vis Work Shirt

Wet Weather Jacket

Wet Weather Pants

Winter Jacket

Spray Suit

Steel Cap Gumboots

### Declaration

I have attached:

- a letter or documentation from the trustee stating that this is a complying fund and (for self-managed superannuation fund) a copy of documentation from the Tax Office confirming the fund is regulated.
- written evidence from the fund they will accept contributions from my employer (NAH).

Your Super will be paid via MYOB M-Powered Services. NAH is not responsible for incorrect or incomplete information, please take care when completing.