

## AU BOC New Employee Data Form

This form needs to be completed by all new employees

Personal Details (new employees must fully complete)

• New employees must complete all sections on this form. No pay will be processed until this form is received by Linde Employee Services

Preferred first name:				Surname:
Full given names:			_	Previous surname(s):
Gender	: Male Female			
Date of Birth:				Nationality (on passport):
Country	of Birth:		_	
Home A	Address:			
Suburb	i			State: Postcode:
Home F	Phone:		_	Mobile:
Email A	ddress:			
•	of Aboriginal or Torres Strait Islander of the strait is ander of the strait is a strait i	•		
Are you an Australian or New Zealand Citizen?			Yes	No
f No,				
-	Are you a permanent resident?	Yes	No	
-	Do you have a Working Visa?	Yes*	No	
	Visa Type:			Expiry date:

o \*If yes, please attach a copy of your passport and Visa Details/Letter from the Department of Home Affairs



Emergency Contact Details		
Emergency contact name:		Relationship to employee:
Emergency contact phones:		
Work:	Home:	Mobile:
Banking Details		
Please provide full and complete deta building society or credit union accou		re you would like your pay to be deposited. Any bank,
		If you submit work related expenses to Accounts Payable for le of the bank account you require for that purpose.
Main Account		
Bank Name:		Branch:
Account Name:		
BSB:	Ac	count Number:
Secondary Account (optional)		
Bank Name:		Branch:
Account Name:		
BSB:	Ac	count Number:
Amount deposited to secondary accou	unt:	
Employee's Signature:		Date: