

# AU Elgas New Employee Data Form

This form needs to be completed by all new employees

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

## Personal Details (new employees must fully complete)

Preferred first name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Full given names: \_\_\_\_\_ Previous surname(s): \_\_\_\_\_

Gender:            Male            Female

Date of Birth: \_\_\_\_\_ Nationality (on passport): \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you of Aboriginal or Torres Strait Islander origin?

(This data will be held confidentially and used for aggregated diversity statistics only)

Are you an Australian or New Zealand Citizen?            Yes            No

If No,

- Are you a permanent resident?            Yes            No

- Do you have a Working Visa?            Yes\*            No

Visa Type: \_\_\_\_\_ Expiry date: \_\_\_\_\_

- \*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 details of the bank account you want your pay to be deposited. Any bank, building society or credit union account in Australia is acceptable

- This form is for payroll use only (for confidentiality reasons). If you submit work related expenses to Accounts Payable for reimbursement, you must separately advise Accounts Payable of the bank account you require for that purpose.

**Main Account**

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_

Account Name: \_\_\_\_\_

BSB: \_\_\_\_\_ - \_\_\_\_\_ Account Number: \_\_\_\_\_

**Secondary Account (optional)**

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_

Account Name: \_\_\_\_\_

BSB: \_\_\_\_\_ - \_\_\_\_\_ Account Number: \_\_\_\_\_

Amount deposited to secondary account: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Once Complete, email this completed form with attachments\* (if required) to: [newstarter@boc.com](mailto:newstarter@boc.com)