**Staff Information Sheet**

Please complete all the information requested below and return to admin@biteriot.com.au

**Surname (Family name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**First Given Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Given Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact No**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Date of Birth***: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_*

**1. Nationality** *(if not Australian)*:

Passport Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*a copy of your passport must be provided*)

Country of Issue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Emergency Contact details:**

Contact Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any medical conditions or allergies that we should be aware of: **YES / NO**

Have you ever suffered an anaphylactic reaction or an asthma attack? **YES / NO**

Do you have an anaphylaxis or asthma action plan? / Do you carry an Epipen or Ventolin? **YES / NO**

PLEASE PROVIDE DETAILS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. Bank Details for Pay**

**Name of Banking Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BSB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4. Tax File Declaration**

**Tax File Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If you have changed your name since you last dealt with the ATO, provide your previous family name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you:** An Australian resident for tax purposes / a foreign resident for tax purposes / A working holiday maker (*please delete what is not applicable*)

**Do you want to claim the tax-free threshold from this payer**? **YES / NO**

**Do you have a Higher Education Loan program**? **Student start-up loan**? or **Trade support loan debt?**  **YES / NO**

**I declare the information I have given is true & correct**

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. Superannuation**

I opt to use the Biteriot Operations P/L nominated Superannuation fund – SunSuper **YES / NO**

Fund USI 98503137921001 contact details: 1300 128 739

**Or I nominate my superannuation fund as per below:**

Superannuation Fund Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fund ABN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fund USI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Membership No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6. My understanding of English** (*please highlight appropriate response*)

Written: Excellent / Good / Average / Need help

Spoken/Verbal: Excellect / Good / Average / Need help

**7. Online Induction Answers** (*enter A, B, C or D based on the questions at the end of the Induction*)

1. 2. 3. 4.

5. 6. 7.

**8. By returning this completed document**

* I understand I am accepting an offer of employment with Biteriot Operations P/L on a Casual basis
* My hours of work will be notified to me in advance by my Supervisor
* I authorise The Department of Home Affairs to release the details of my entitlement to work legally in Australia to Biteriot Operations P/L
* I give permission to Biteriot Operations P/L to use photographic or video material of me for the promotional use in, but not limited to, brochures, flyers and web pages. This permission can be withdrawn at any time by submitting a written request.
* I understand and will abide by the Biteriot Operations P/L Employee Handbook and Health & Safety Handbook and I understand that a breach of these policies may result in immediate termination of employment and possible notification to NSW Police and Department of Immigration.
* I have undertaken the Online Induction provided to me and completed the questions above
* I have received a copy of the *Fair Work Information Statement*

**Signed**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Office Use Only:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Staff Information Sheet |  | Copy of Passport (*if applicable*)  |  | VEVO check (*if applicable*)  |  |
| Employment Contract |  | Onsite Induction Completed |  | All Information Scanned & Saved |  |
| Entered into Xero |  | CoVid-19 Questionnaire |  | Hours Tracker App |  |