Employee Personal Details Form

New Employees: Welcome to Delaware North, please complete all details below using block letters so we can easily identify you.
Existing Employees: You are encouraged to update your personal details using the Humanforce online portal by going to https://dnc.ttzeus.com. If you wish to update your bank account information you will still need to complete the below form and sign it.

Employee Details

PLEASE USE **BLOCK LETTERS**

Title: Mr. ☐ Mrs. ☐ Miss. ☐ Ms. ☐ Employee Code:

Name: *First Name* *Middle Name* *Surname*

D.O.B: *D D / M M / Y Y Y Y* Gender: Male ☐ Female ☐ Transgender ☐ Intersex ☐ Undisclosed ☐

Address:

Suburb: State: Postcode:

Mobile: Home Phone:

Email: Holiday Working Visa: 417 ☐ 462 ☐

Employee Banking Details

Australia: Please note that Delaware North requires all employees working in Australia to hold an Australian bank account. If you do not have an Australian issued bank account you will not be paid until one is opened and provided to Delaware North.
New Zealand: Employees working at Delaware North sites in New Zealand are required to provide a valid New Zealand bank account that contains a Bank Code of 6 digits, account number and a Suffix of up to 3 digits.

Bank Name: B.S.B. *(AUS)*: / Bank Code *(NZ)*: *(6 digits)*

Account Holder Name: Account Number:

Bank Location: Suffix: *(New Zealand employees only)*

Employee Split Banking Details

A split bank allocation is available to Full Time and Part Time employees only. Make your % or $ amount choice below…

Bank Name: B.S.B. *(AUS)*: / Bank Code *(NZ)*: *(6 digits)*

Account Holder Name: Account Number:

Bank Location: Suffix: *(New Zealand employees only)*

Split: (choose one) Percentage (%): Dollar ($):

Employee Emergency Contact

Name: *First Name* *Middle Name* *Surname*

Relationship:

Address:

Suburb: State: Postcode:

Mobile: Home Phone:

Acknowledgment

I certify that all information provided on this form relates to me, is correct and I consent to Delaware North Companies Australia Pty Ltd using this information for the purposes for which it is collected.

_____ *D D / M M / Y Y Y Y*

Employee Signature Date