

EMPLOYMENT DETAILS

THE ENGINE
OF THE NEW
NEW ZEALAND



Under the Privacy Act 1993, information given on this form will be treated as confidential, and only available to authorised university staff for university business. Aggregated information in institutional reports (e.g. ethnicity) will be reported so that individuals are not identified.

PART 1: STAFF DETAILS *(staff to complete)*

NAME AND CONTACT DETAILS

Mr Ms Miss Mrs Dr Prof

Other

First name(s)

Surname

Day Month Year

Date of birth

Preferred name *(if different from above)*

Residential address *House number and street*

Suburb / RD. Number

Town / City Postcode

Postal address *(if different from residential address)*

Day phone number

Mobile phone number

If you do not have a Massey email address, your personal email address will enable you to access MyHR, the online portal where you can view your payslip, manage your leave and other personal details.

Personal email address

If you do not wish to provide a personal email address, we will contact your manager for a solution that meets your requirements.

ELIGIBILITY TO WORK IN NEW ZEALAND

Are you a New Zealand or Australian citizen or do you hold permanent New Zealand residency? Yes No

Do you have a valid permit? Yes No

Permit expiry date

ETHNICITY

European Māori Pacific Peoples

Asian Middle Eastern / Latin American / African

Other

(Please specify)

EMERGENCY CONTACT DETAILS

Relationship
e.g. wife, partner, friend

Name

Residential address

House number and street

Suburb / RD. Number

Town / City Postcode

Day phone number

Mobile phone number

KIWISAVER

Are you currently a member of Kiwisaver? Yes No

If you ticked yes, deductions will be made at the default rate of 3%, unless a KS 2 form is supplied specifying another rate or a contributions holiday. (Refer: www.kiwisaver.govt.nz). Massey University is an exempt employer who offers their own superannuation scheme; therefore you will not be automatically enrolled into Kiwisaver.

BANK ACCOUNT DETAILS

Account name

AUTHORISATION BY EMPLOYEE

I declare that, to the best of my knowledge, the answers to the questions on this form are correct. I understand that if any false information is given or any material fact suppressed, I may be dismissed. I also understand that the information given in the health section may be requested by ACC.

Signature

Date

