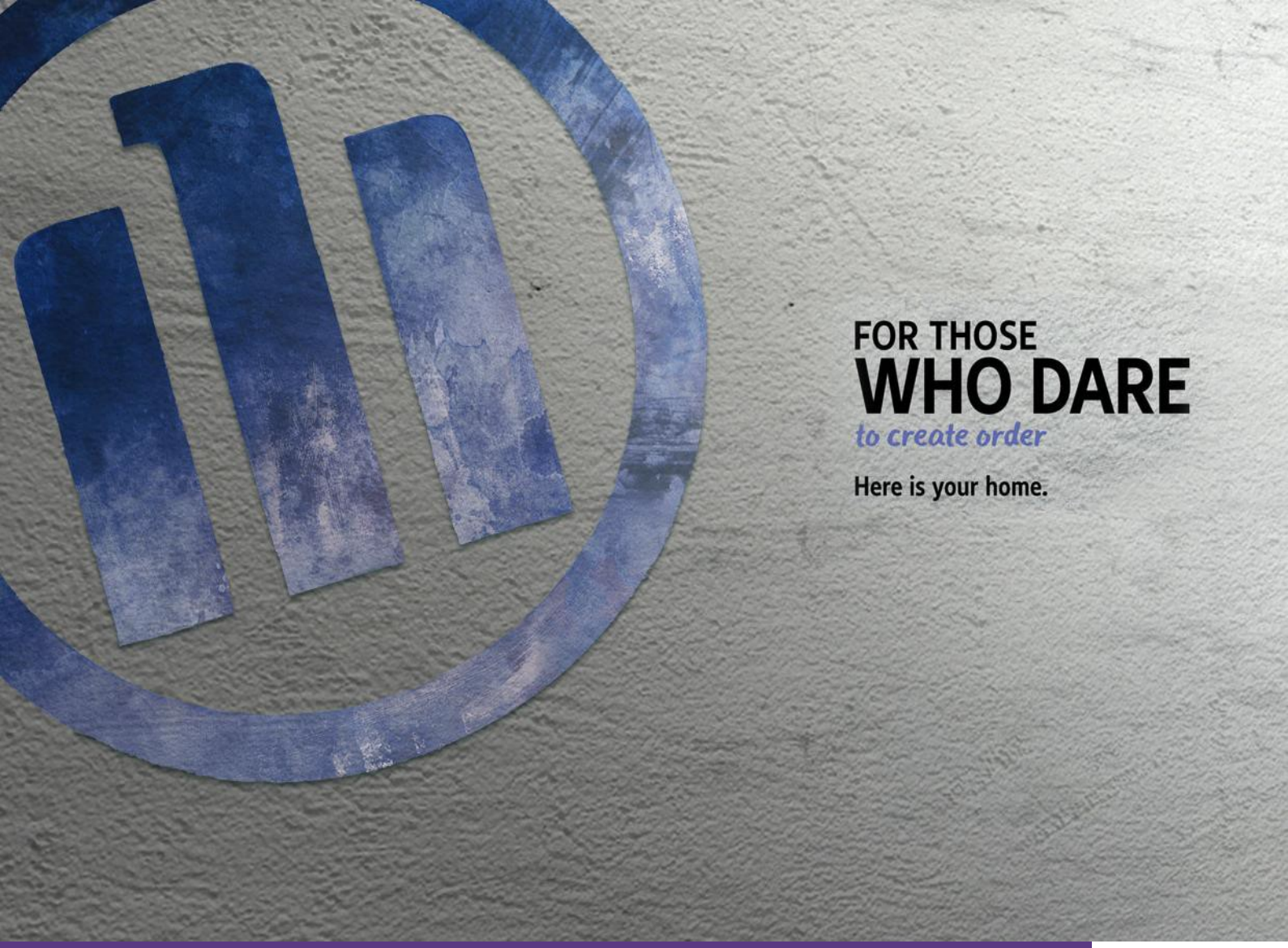

Allianz Australia
New Employee Commencement Form

Personal Details

Your Personal Information

First Name*: _____ Last Name*: _____

Middle Name: _____ Salutation*: _____

Preferred Name: _____ ☐ I would like my preferred name as my email address and profile on the Corporate Directory

Gender*: _____ Date of Birth*: _____

Nationality: _____

What is the status of your working rights in Australia*?

- ☐ I am an Australian or New Zealand citizen **(attach Birth Certificate, Passport or Citizenship Certificate)**
- ☐ I am an Australian resident **(attach VEVO check and Passport)**
- ☐ I have a valid working Visa **(attach VEVO check and Passport)**
- ☐ I don't have work rights within Australia and require sponsorship

Primary Email Information

Email Address*: _____

Phone Information

Mobile Phone: ( ) _____

Home Phone: ( ) _____

Your Primary Address Details

Number*: _____ Street*: _____

Suburb/City*: _____ State*: _____ Postcode*: _____

Country*: _____

Your Mailing Address Details

As above: ☐

Number: _____ Street: _____

Suburb/City: _____ State: _____ Postcode: _____

Country: _____

Your Emergency Contact Details

Allianz is authorised to contact the following people in the event of any serious injury/illness you may experience at work:

Emergency contact name 1*: _____ Their relationship to you*: _____

Phone:* _____ Email: _____

Emergency contact name 2: _____ Their relationship to you: _____

Phone: _____ Email: _____

(*) = Mandatory fields

Academic Standard

☐ College / University
☐ Vocational (Certificate)
☐ Other

Year Graduated or expected: _____
Name of Institution: _____
Country of Institution: _____

Field of Study

Description: Vocational or professional education acquired after finishing compulsory schooling.

☐ Accounting / Business Administration / Commerce / Economics / Finance
☐ Computer Sciences
☐ Engineering Science
☐ Law
☐ Actuarial/Mathematics
☐ Other if Science (i.e. Medicine, Physics, Psychology, Aeronautics)
☐ Other

Banking details

Please complete the following details to authorise and arrange payment into your account. A transfer to credit cards is not available.

Account 1 (balance of pay)

Bank/Building Society/Credit Union Name*: _____

Bank/Building Society/Credit Union Branch*: _____

BSB Number*: _____ (must be 6 digits)
Account Number*: _____ (must not exceed 9 digits)

Account Name*: _____

Account 2 (fixed amount only)

Fixed Amount: _____

Bank/Building Society/Credit Union Name: _____

Bank/Building Society/Credit Union Branch: _____

BSB Number: _____ (must be 6 digits)
Account Number: _____ (Must not exceed nine digits)

Account Name: _____

Account 3 (fixed amount only)

Fixed Amount: _____

Bank/Building Society/Credit Union Name: _____

Bank/Building Society/Credit Union Branch: _____

BSB Number: _____ (must be 6 digits)
Account Number: _____ (Must not exceed nine digits)

Account Name: _____
Account Type: _____ (e.g. Savings/Cheque)

(*) = Mandatory fields

Workplace Adjustments

Your response to this question helps us ensure we support people who need an adjustment to their working environment to help them perform at their best e.g. software needed for a visual impairment. This is relevant for people both with or without a disability.

If you select 'yes', a member of our Work, Health and Safety team will contact you to discuss your needs. If possible they will be in touch prior to your commencement to ensure the adjustment is either completed in advance of your start date or underway.

Do you require a workplace adjustment i.e. a change or modification to your working environment, equipment or practices to enable you to carry out your role?

Yes ☐ No ☐

Diversity Profile Data

Allianz strives to be an employer of choice for diverse talent. We recognise that Australia is an incredibly diverse country and that our workforce must reflect the diversity of the customers and communities we serve. Knowing your background and cultural identity is incredibly valuable to us. The information you provide will help us paint a rich picture of diversity at Allianz. The information collected will be housed in a secure database that only a limited number of employees have access to. It will be used to understand trends and design HR strategies that help our people reach their potential.

Providing answers to the following questions is optional.

Were you born outside Australia?

Yes ☐

No ☐

Place of Birth:

_____

Were either of your parents born outside of Australia?

Parent 1 Yes ☐ No ☐

Parent 2 Yes ☐ No ☐

Please indicate your Ancestry (Line of Descent)	Yourself	Parent One	Parent Two
Australia	☐	☐	☐
Aboriginal and/or Torres Strait Islander	☐	☐	☐
Americas	☐	☐	☐
British or Irish	☐	☐	☐
Maori	☐	☐	☐
New Zealand	☐	☐	☐
North African or Middle Eastern	☐	☐	☐
North East Asian (i.e. Japan, Korea, China, Taiwan)	☐	☐	☐
North West European	☐	☐	☐
Other (Please Specify)	☐	☐	☐
Pacific Islands	☐	☐	☐
Prefer Not To Answer	☐	☐	☐
South East Asian (i.e. Philippines, Indonesia, Singapore, Thailand)	☐	☐	☐
Southern or Central Asian (i.e. India, Sri Lanka, Pakistan, Bangladesh)	☐	☐	☐
Southern, Eastern and Central Europe	☐	☐	☐
Sub – Saharan African	☐	☐	☐

We are interested in understanding the languages spoken by our employees.

This will assist us to better serve our customers. In order of proficiency, please indicate up to **three (3)** languages you speak and your level of proficiency.

Languages – mark as appropriate (B = Basic, G= Good, F=Fluent)

Language	Native	Able to translate	Speak B G F	Read B G F	Write B G F
Arabic	☐	☐			
Assyrian	☐	☐			
Auslan (Sign Language)	☐	☐			
Bengali	☐	☐			
Cantonese	☐	☐			
Croatian	☐	☐			
French	☐	☐			
German	☐	☐			
Greek	☐	☐			
Gujarati	☐	☐			
Hindi	☐	☐			
Hungarian	☐	☐			
Indonesian	☐	☐			
Italian	☐	☐			
Japanese	☐	☐			
Khmer	☐	☐			
Korean	☐	☐			
Lao	☐	☐			
Macedonian	☐	☐			
Mandarin	☐	☐			
Malay	☐	☐			
Malayalam	☐	☐			
Maltese	☐	☐			
Netherland	☐	☐			
Persian	☐	☐			
Polish	☐	☐			
Portuguese	☐	☐			
Russian	☐	☐			
Samoan	☐	☐			
Serbian	☐	☐			
Singhalese	☐	☐			
Spanish	☐	☐			
Tagalog	☐	☐			
Tamil	☐	☐			
Telugu	☐	☐			
Thai	☐	☐			
Turkish	☐	☐			
Vietnamese	☐	☐			
Other (please indicate)					

Do you consider yourself to be a person with a disability?

- [ ] Yes
- [ ] No
- [ ] Prefer not to answer

If yes, please indicate if you have any of the following conditions (you can select more than one)

- [ ] Physical disability (affects mobility or dexterity)
- [ ] Intellectual disability (affects ability to understand concepts and/or social norms)
- [ ] Mental illness (affects thinking processes and/or emotional wellbeing; includes depression and anxiety disorders)
- [ ] Vision impairment
- [ ] Hearing impairment
- [ ] Other
- [ ] Prefer not to answer

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