

Employment verification

This information is to be completed by the applicant's employer on Company letter head.

COMPANY / EMPLOYER DETAILS	
Company / Employer name	
Company / Employer address	
Company /Employer ABN	

EMPLOYEE DETAILS	
Employee name	
Employee occupation title	
Employment status of employee	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Casual
	<input type="checkbox"/> Self-employed ABN:
	<input type="checkbox"/> Other (details):
Permanently employed in the Building and Construction industry- Queensland-based	<input type="checkbox"/> Yes
Length of employment	
Primary duties of employee	

VERIFICATION

I verify that the information outlined above is true and correct.

Employer/supervisor's name

Employer/supervisor's position

Signature

Date

Business Phone Number

Email