



SELF CERTIFICATION VERIFICATION FORM

EMPLOYED

Applicant details

Applicant name

Reference number

Company Details

Employer

Name of the person spoken to

Their position within the company

Verification Questions

Is the applicant still employed by you?

| | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|

How long has the applicant been employed by you?

| | | | |
|----------------------|-------|----------------------|--------|
| <input type="text"/> | Years | <input type="text"/> | Months |
|----------------------|-------|----------------------|--------|

Is the applicant employed on a permanent and PAYE basis?

| | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|

What is the applicant's job title/occupation?

Your Details

Verified by (BLOCK CAPITALS)

Signature

Date

Company name