

Employer Reference Template

This form must be completed by your employer. Use a separate form for each period of employment you wish to claim.

1. Business details

Business name	<input type="text"/>		
Business address	<input type="text"/>		
State or province	Postcode	Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Phone number	<input type="text" value="()"/>		
Business email	<input type="text"/>		
Business website	<input type="text"/>		

2. Applicant's Employment

Position title	<input type="text"/>		
Is the applicant currently employed here?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Date commenced (Day/Month/Year)	<input type="text" value="/ /"/>	Date completed (Day/Month/Year)	<input type="text" value="/ /"/>
Employment	Full time <input type="checkbox"/>	Part time <input type="checkbox"/>	Casual / Voluntary <input type="checkbox"/>
Normal working hours per week	<input type="text"/>	Salary (Per annum)	<input type="text"/>

3. Responsibilities of the role

Briefly describe the standard responsibilities of the position:

Describe the tasks and duties the applicant was required to perform in their employment capacity, and provide key examples of when you saw the required competencies of the role being demonstrated:

4. Employer Declaration

Please tick each clause below and sign the declaration

I, (the employer) declare that:

- The applicant (stated below) was employed for the period specified and in the role identified.
- I have witnessed or directly supervised the applicant conducting the specified tasks and duties in their capacity of employment.
- I understand that providing false or misleading information is an offence and all the information I have provided is true and correct.

Employer signature Date / /
Day Month Year

Employer position / role
(Printed)

Applicant name
(Printed)