

EMPLOYEE REFERENCING FORM

TO BE COMPLETED BY EMPLOYER / ON BEHALF OF EMPLOYER BY COLLEAGUE
I CONFIRM:

EMPLOYEE NAME: _____

EMPLOYEE JOB TITLE: _____

EMPLOYEE START DATE: _____ / _____ / _____

EMPLOYER NAME: _____

EMPLOYER JOB TITLE: _____

WORK ADDRESS: _____

ANNUAL SALARY OF EMPLOYEE: £ _____

ANY FUTURE REDUNDANCIES KNOWN OF? : YES/NO (DELETE AS APPROPRIATE)

Signed _____

Print Name _____

Date _____

Job Title _____

Thank you for your time.

- We will hold your details on file and pass them to Utility Companies, Law Enforcements and Local Authorities as requested.
- By signing this for you are agreeing to receive documentation, notices and other correspondence by e-mail.
- Due to the nature of information supplied, we will not give an explanation if we cannot recommend a tenancy.
- You are signing that the information on this form is truthful and correct and agree to it being verified by whatever means necessary