



Employment Verification Form

This is to verify and ensure the eligibility of students for the selected study program Spectrum Organization requires that employer provide following information on a company letter head or if using this form please provide a proof of authentication (company stamp, company details etc).

This is to verify that the person named below is currently employed.

Employee Details	
Name	
Role	
Employment status	
Employment start date	
Duration of the employment	

Organization Details	
Organization Name	
ABN	
Contact number	
Email	

I declare that above information is true and accurate to the best of my knowledge.

Employer details	
Name	
Position	
Date	
Signature (print and obtain signature)	