REFERENCE CHECK
Indemnity Declaration

national Validation services — Verification Services you can Count on!

Client Name:

Full Name & Surname of Candidate:	
Applicant Cell/Contact No.:	
Position applied for by Candidate:	

Name of Company 1		
Referees Name & Surname		
Referees Position		
Office Number		
Cell Number		
Email :		
Applicants Position at the Company		
Employment Period:	**TO**	

Should this be your current employer, are we allowed to make contact with them?   **Yes** ☐   **No** ☐

Name of Company 2		
Referees Name & Surname		
Referees Position		
Office Number		
Cell Number		
Email :		
Applicants Position at the Company		
Employment Period:	**TO**	

Name of Company 3		
Referees Name & Surname		
Referees Position		
Office Number		
Cell Number		
Email :		
Applicants Position at the Company		
Employment Period:	**TO**	

Name of Company 4		
Referees Position		
Office Number		
Cell Number		
Email :		
Applicants Position at the Company		
Employment Period:	**TO**	

Indemnity Declaration	To be completed by Candidate - SIGN and DATE

Applicant's Signature   Date