

# EMPLOYEE VERIFICATION FORM

## HUMAN RESOURCES FORMAT

Format No. -  
 Rev. No. -  
 Rev. Date. -

Document No.	Document Date	H.R. Record Code	Record Holder

Emp. ID	Employee Name	Date of birth	Date of join

Department	Designation	Job Description	Salary Details

**Employee Address & Contact Details**

**Previous Job Information**

Department: \_\_\_\_\_ Designation: \_\_\_\_\_  
 Salary Details: \_\_\_\_\_  
 Date of Join: \_\_\_\_\_ Date of Leave: \_\_\_\_\_  
 Reason for Leave Job: \_\_\_\_\_

Job Description: \_\_\_\_\_

Experience: \_\_\_\_\_

Expertise: \_\_\_\_\_

Remarks:

Past Jobs Growth %	Salary Growth %	Previous Job Achievements

**Conclusion**

Employee Sign. : \_\_\_\_\_ Verified By: \_\_\_\_\_ Sign. \_\_\_\_\_