



THE INSTITUTE  
OF CERTIFIED  
BOOKKEEPERS

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## Employment Verification Statement

This is to confirm that \_\_\_\_\_  
(Applicants Name)

is employed by \_\_\_\_\_  
(Business/ Company Name)

in the capacity of \_\_\_\_\_  
(Position Title)

The applicant has provided bookkeeping services for \_\_\_\_\_ years.  
(No. Years)

Employer's Name \_\_\_\_\_

Position \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Employer's Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Business stamp / logo if available