# Reference
## Response

**PLEASE CONTACT THE SUBJECT OF THIS REFERENCE REQUEST IF YOU NEED DIRECT AUTHORITY TO PROVIDE ANY OF THE INFORMATION REQUESTED**

| | | | |
|---|---|---|---|
| Employee Name: | | | |
| This person is: | ☐ Employed ☐ Self-Employed ☐ Agency Worker ☐ Zero Hours Contract | | |
| If Employed, what date did they start: | | | |
| Is the applicant currently in a probationary period?<br>*If yes, when does this end?* | ☐ YES ☐ NO | | |
| | | | |
| Does the applicant have any shareholding in the company?<br>*If yes, what is their level of shareholding?* | ☐ YES ☐ NO | | |
| | | | |
| National Insurance Number: | | | |
| Position / Job Title: | | | |
| Annual Gross Basic Salary: | £ | | |
| Confirm the level of any additional guaranteed renumeration benefits such as overtime, car allowances, bonus or shift/large town allowances (if any) over the last 12 months. | £ | | |
| Confirm the level of any additional renumeration benefits such as regular overtime, commission, bonus or shift allowances over the last 12 months that are not guaranteed. | £ | | |
| Have there been any recent cuts in regular overtime? | ☐ YES ☐ NO | | |
| Has the applicant had any recent short time working or had their contractual hours reduced in the last 12 months? | ☐ YES ☐ NO | | |
| Do you regard this employment as being reasonably permanent? | ☐ YES ☐ NO | | |
| Is the applicant under notice of termination of employment or redundancy. | ☐ YES ☐ NO | | |
| If the applicant is on a Fixed Term Contract, what is the contract end date? | | | |
| If on maternity/paternity or shared parental leave, please confirm the planned return to work date (if agreed) and whether this is to be on the same salary | | | |
| Your Name: | | Your Position: | |
| Contact Telephone Number: | | Date: | |