



**Application for HKIHRM Associate Membership -  
Employment Verification Form**

Name of Applicant:	Job Title:
Name of Company:	
Employment Period (MM/YY) to (MM/YY):	
Is His / Her Job Related to HR Functions: <input type="checkbox"/> Yes    / <input type="checkbox"/> No  Please specify: (e.g. payroll, recruitment, training, etc)	
Name of Applicant's Supervisor:	Job Title:
Signature of Applicant's Supervisor & Company Chop:	Date: