

# Employer Certification Statement

Date: \_\_\_\_\_

To Whom It May Concern:

This is to certify that **Mr./Ms.** \_\_\_\_\_ (Name of Employee), holding the position of \_\_\_\_\_ (Designation/Job Title), has been employed with \_\_\_\_\_ (Name of Company/Employer), located at \_\_\_\_\_ (Company Address), from \_\_\_\_\_ (Start Date) to \_\_\_\_\_ (End Date/Present).

During the period mentioned above, **Mr./Ms.** \_\_\_\_\_ has performed his/her duties and responsibilities in a diligent and professional manner. We affirm that the employment records and information stated above are true and correct to the best of our knowledge.

Contact Information:

Employer Name/Representative: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature:

\_\_\_\_\_

Employer/Authorized Signatory

Date:

\_\_\_\_\_

## Important Notes

- This document should be completed and signed by a duly authorized representative of the employer.
- Ensure all employee information matches official records.
- Include accurate employment dates and job titles.
- Alteration or misrepresentation of information may lead to verification issues or legal consequences.
- Attach supporting documents if required by the requesting party.

