

# 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.

