

Work Experience Declaration

Date: _____

Employee Information

Full Name: _____

Job Title: _____

Employment Period: From: _____ To: _____

Type of Employment: Full-time Part-time Contract

Company Information

Company Name: _____

Company Address: _____

Phone / Email: _____

Job Description & Responsibilities

Employer Declaration

I, the undersigned, confirm that the above-named employee was employed with our company in the capacity and during the dates stated above. To the best of my knowledge, this information is true and accurate.

Name of Employer / Supervisor: _____

Position / Title: _____

Signature: _____

Date: _____

Important Notes

- This document should be completed and signed by the employer or authorized supervisor.
- Ensure all information provided is accurate and truthful; false declarations may have legal consequences.
- Attach supporting documentation, such as pay slips or employment contracts, if required.
- Contact information of the employer may be used for verification.
- Keep a copy of the signed declaration for your personal records.