

# 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.