

Statement for Employment Verification

Date: _____

Employee Information

Employee Name _____
Position/Job Title _____
Department _____
Employee ID _____

Employment Details

Employment Start Date _____
Employment End Date _____
Employment Status Full-time Part-time Contract
Monthly/Annual Salary _____

Employer Information

Company Name _____
Company Address _____
Contact Number _____
Official Email _____

This statement certifies that the above-named individual is/was employed at our organization, and the information stated is, to the best of our knowledge, accurate and complete.

Authorized Signature: _____

Name & Title: _____
Date: _____

Important Notes:

- This document is intended solely for the purpose of employment verification.
- Any alterations or falsifications may render this document invalid.
- Verification requests may be directed to the employer's official contact information above.
- Confidential employee information should not be disclosed beyond stated requirements.
- The authenticity of this document may be subject to confirmation by the issuing company.