

Employment Declaration Statement

Employee Name: _____

Designation/Position: _____

Department: _____

Employee ID: _____

Date: _____

I, _____, hereby declare that all information provided by me to _____ (Company/Organization Name) is accurate and true to the best of my knowledge. I confirm that I have not withheld any material information and that I comply with the company's code of conduct, relevant policies, and other terms of employment.

I understand that any misrepresentation or omission of facts may result in disciplinary action, including termination of employment.

Employee's Signature

Date: _____

Authorized Signatory

Date: _____

Important Notes:

- Ensure all information filled is accurate before signing.
- Any false statement or omission can lead to immediate termination.
- This document may be used for audit or legal compliance purposes.
- Always keep a signed copy for both employee and employer records.