

EMPLOYMENT VERIFICATION LETTER

To Whom It May Concern,

This Employment Verification Letter is issued by _____ ,
located at _____ , to confirm the employment details of
_____ (hereinafter referred to as "Employee").

1. EMPLOYMENT DETAILS

Employee Name: _____

Job Title: _____

Department: _____

Employment Status: ☐ Current ☐ Former

Start Date: _____ day of
_____, 20 _____

End Date (if applicable): _____ day of
_____, 20 _____

Current/Last Salary: \$ _____ per ☐ Hour ☐ Week ☐
Month ☐ Year

2. PURPOSE

This letter is provided upon the request of the Employee for the purpose of
_____ (e.g., loan application, rental agreement, background

check).

3. DEFINITIONS

For the purposes of this letter, "Employer" refers to the entity issuing this letter, and "Employee" refers to the individual whose employment details are being verified.

4. GOVERNING LAW

This letter shall be governed by and construed in accordance with the laws of the State of _____ . Any disputes arising from this letter shall be subject to the exclusive jurisdiction of the courts located within said state.

5. SEVERABILITY

If any provision of this letter is found to be invalid or unenforceable, the remaining provisions shall continue in full force and effect.

6. ENTIRE AGREEMENT

This letter constitutes the entire agreement between the parties regarding the subject matter hereof and supersedes all prior agreements, understandings, and representations, whether oral or written.

7. NOTICE

Any notice required or permitted under this letter shall be in writing and shall be deemed to have been duly given if delivered personally or sent by certified mail, return receipt requested, to the addresses provided herein.

8. AMENDMENT

This letter may only be amended or modified by a written agreement signed by both the Employer and the Employee.

9. TERMINATION

This letter shall remain in effect until the purpose for which it was issued has been fulfilled or until terminated by mutual agreement of the parties in writing.

10. SIGNATURES

Employer Representative:

Signature: _____

Date: _____ day of
_____, 20 _____

Print Name: _____

Title: _____

Employee (if applicable):

Signature: _____

Date: _____ day of
_____, 20 _____

Print Name: _____

11. WITNESS

Witness:

Signature: _____

Date: _____ day of
_____, 20 _____

Print Name: _____

12. NOTARY

State of _____

County of _____

Subscribed and sworn to before me on this _____ day of
_____, 20 _____ .

Signature: _____

Notary Public

My Commission Expires: _____ day of
_____, 20 _____

This document is intended to confirm the employment status of the Employee as specified above.

Please contact our office at _____ or email
_____ for any further information or clarification.

Sincerely,

[Company Name]

[Company Address]

[Company Phone]

[Company Email]

