

FORMAL JOB OFFER & EMPLOYMENT VERIFICATION LETTER

Effective Date

Place

1. Parties

This document is made on _____ (_____) by:

Employer

Individual

Full Legal Name

SSN / ID

Doc Series

Address

Addressed to:

Candidate

Individual

Full Legal Name

SSN / ID

Doc Series

Address

2. SUBJECT-MATTER SCHEDULE & SPECIFICATIONS

Job Title & Role

Department / Reporting Line

Gross Salary / Remuneration

3. EXECUTION & SIGNATURES

Employer

Signature

Full Legal Name

Date
