

## CERTIFICATION

This is to certify that Applicant's Name was previously employed with Your Company Name as a Full-time/ Part-time employee.

	Position: Department: Date Hired: Resignation Date:
Making Requ	This certification is issued upon the request of Name of Person lest for whatever legal purpose it may serve.
	Done in Name of City this day of Month, Year.
Certified by:	
Name of Offi HR Supervise	