

Certificate of Employment (or adoption schedule)

Name: _____

Date of Birth: Y _____ / M _____ / D _____

Address: _____

Day of employment (or adoption schedule):

Job title: _____

Working style : ☐ Full-time ☐ Part-time (_____ days a week)

Working day : ☐ Mon. ☐ Tue. ☐ Wed. ☐ Thu. ☐ Fri. ☐ Sat. ☐ Sun. _____

Working hours per week: _____

①Working time From _____ to _____

②Working time From _____ to _____

I hereby certify that the information mentioned above is true and correct.

Date: _____

Location: _____

Name: _____

Person in charge: _____

Telephone No.: _____