

Company Name

Company Address Line 1

Company Address Line 2

City, State ZIP

Phone: (XXX) XXX-XXXX

Date: _____

To Whom It May Concern,

This letter is to verify the employment of _____ at _____.

Employee Name: _____**Job Title:** _____**Dates of Employment:** _____**Employment Status (Full/Part Time):** _____

If you require additional information, please contact us.

Sincerely,

Name and Title
Company Name