

Please scan and e-mail the confirmation to:  
[yfej@arbetsformedlingen.se](mailto:yfej@arbetsformedlingen.se)

## CONFIRMATION OF EMPLOYMENT

To be filled in by the Employer. Please use capital letters. This confirmation must be submitted to us no later than 4 weeks after the first day of work. Otherwise, the application will be closed.

### I certify that the following person has been employed

Surname .....

First name .....

Street .....

Post Code ..... City .....

Country .....

Has taken up work/will take up work in our company on: ...../...../20..... (dd/mm/yyyy)

### Employment conditions

Salary/wage ..... Working hours .....

Occupation .....

Length of employment       < 6 months       = 6 months       > 6 months

**Company** .....

Registration number.....

Number of employees .....

Contact person .....

Street .....

Post code ..... City .....

Country .....

Telephone .....

E-mail address .....

Date ...../...../20..... (dd/mm/yyyy)

Signature .....

Company Stamp:

