

PROOF OF EMPLOYMENT

To be completed by employee

First and last name

Address

Street, house and flat number

Postcode, city

PESEL

.....
(place and date)

.....
(signature)

To be completed by employer

I hereby certify that Mrs. / Mr. ^{1/}

has been employed at our workplace since.....

at the position of.....

The agreement is concluded for an indefinite / definite period ^{1/} until

The employee hasn't been / has been ^{1/} given notice of termination of employment.

(If so, please specify the end date of the contract -).

I declare that the employee does not obtain ^{1/} / obtains income from employment in the amount of at least the minimum remuneration for work.

The workplace is not / is ^{1/} in the state of bankruptcy^{1/}, liquidation ^{1/}, legal proceedings^{1/}.

^{1/} delete as appropriate

Company stamp

Date, stamp and signature of an authorized representative of the employer

If the stamp does not contain a telephone number to the entrepreneur, it should be entered below.

PHONE NUMBER