ARBETSFÖRMEDLINGEN
SWEDISH PUBLIC EMPLOYMENT SERVICE

Your first EURES job
Targeted mobility scheme

Confirmation of employment

This confirmation must be filled in by the employer, and sent to the project no later than 4 weeks after the first day of work. Otherwise, the application will be declined.

I, the employer, hereby certify that the following person has been employed:

Surname:……First name:……..……..……..

Date of birth (dd/mm/yyyy):……..… Nationality:……..……..……..……

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

Employment conditions

Salary/month:……..Working hours/ week:……..……..……..……

Job title: ……..

Total duration of the employment contract: ☐ less than 6 months ☐ = 6 months ☐ more than 6 months

Company name:……..……..

Registration/org. number…….. Number of employees: ☐ up to 250 ☐ more than 250

Contact person:……Telephone:……..……..

E-mail address:……..……..……..……

Street:……..……..……

Post Code:……..……..…… City:…… Country:……..……

Date (dd/mm/yyyy):……

Handwritten Signature:……..…… Company Stamp:

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