|  |  |  |  |
| --- | --- | --- | --- |
|  | Work Experience Letter |  |  |
|  |  | |  |
|  | (Date) (Company Name) (Patient Address)  To Whom It May Concern  It is to verify the employment of (applicant’s name), who was working in (company’s name) as (designation) from (dateXX – dateXX). He was working in the organization as a full-time employee. During his tenure, his overall performance was excellent and was a productive employee of the organization. He was engaged in the project (name) and completed the task with full dedication.  Apart from his work skills, (applicant’s name) attains good commitment and time management skills. He gains good moral character and was one of the regular employees. His contributions to the organization are valuable.  We wish him good luck for future endeavors!  (Typed Provider Name)  cc: File Reducing Risk | |  |

wordexceltemplates.com