EMPLOYER'S / STUDENT JOB AGENCY CERTIFICATE

STUDENT JOB AGENCY DATA Name of the Agency	
Name of the Agency	
Employer Address	
Tax number	
Name and title of the Employer's	
representative	
EMPLOYER'S DATA	
Name of the company	
Place of the internship	
Tax number	
Name and title of the Employer's	
representative	
EMPLOYEE'S DATA	
Name	
Mother's name	
Place and date of birth	
EMPLOYMENT DATA	
Position	
Job description	
(list of tasks in 2-3 sentences)	
Starting date	
Starting date Ending date	
Ending date	
Ending date	
Ending date	iniversity internship administration.
Ending date Daily working hours	iniversity internship administration.
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Student Job Agency's signature and stamp