**CERTIFICATE OF EMPLOYMENT**

**Name in Full :**

**Address :**

**Resident Reg. No. : 000000-0000000**

**Department :**

**Position : R.N.**

**Working Period : 01/ 01/ 2017 – 12/ 31/ 2017**

**Hospital Name :**

**Hospital Address :**

**This is to certify that the above person was employed by this “ 00000000 Hospital ”**

**08/ 20/ 2018**

**00000000000000000 HOSPITAL**

**HONG, KILDONG**