**CERTIFICATE OF EMPLOYMENT**

**Name in Full :**

**Address :**

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

**Department :**

**Position : R.N.**

**Working Period : 01/ 01/ 2017 – Present**

**Hospital Name :**

**Hospital Address :**

**This is to certify that the above person is working for “ 000000000 Hospital ”**

**08/ 20/ 2018**

**000000000000 HOSPITAL**

**HONG, KILDONG**