**Employers certificate for application to courses within Lifelong learning at Mälardalen University**

**Personal details**

|  |  |  |
| --- | --- | --- |
| First name and surname | | Personal number/Date of birth |
|  | |  |
| Position | | |
|  | | |
| Employed in % | Employment start date | Employment end date (if no longer employed) |
|  |  |  |

**Employer**

|  |  |
| --- | --- |
| Company name | |
|  | |
| Contact person | Position |
|  |  |
| E-mail | |
|  | |

I hereby certify that *Name & Last name* is working in our company.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Date and City*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature and title*