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Employment (Form 2) **2015 CERTIFICATE COURSES**

IMPORTANT:

Please use block letters

Date

This is to certify that

Applicant's family or last
name

First name

Middle name

has been working for
(name of institution)

located at
(address of institution)

as a

full-time employee
project employee
Other

since

His/her contract expires on
(if applicable)

I can attest that all the information stated above are true.

Name of supervisor/human
resources manager

Email address

Phone number

Signature