**EMPLOYMENT JOB OFFER**

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Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (“Company”), is pleased to offer you employment with our Company in accordance with the terms below:

**I. POSITION**.

a) **Title**. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b) **Duties**. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**II. TERMS**.

a) **Supervisor**. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b) **Start Date**. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,20\_\_\_\_

c) **End Date**. ☐ Indefinite ☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,20\_\_\_\_

d) **Employment**. ☐ Part-Time ☐ Full-Time

e) **Expected Workdays**. ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat ☐ Sun f) **Expected Hours**. \_\_\_\_:\_\_\_\_ ☐ AM ☐ PM to \_\_\_\_:\_\_\_\_ ☐ AM ☐ PM g) **Pay**. \_\_\_\_\_\_\_ ☐ Salary ☐ per Hour ☐ Commission ☐ Other. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ h) **Benefits**. ☐ 401(k) ☐ Medical insurance ☐ Other. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ i) **Vacation**. \_\_\_\_ Days per Year

j) **Personal / Sick Leave**. \_\_\_\_ Days per Year

k) **Other**. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**III. CONDITIONS**.

a) **Acceptance**. Employee must accept this offer by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,20\_\_\_\_. b) **Background Report Required?** ☐ Yes ☐ No

If the above-mentioned terms and conditions meet your qualifications for employment, it would be our pleasure to work with you. Please accept our offer by contacting me at any of the following methods:

**Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E-Mail**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We happily look forward to the opportunity of working with you.

Sincerely,

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

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**EMPLOYEE’S ACCEPTANCE**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby agree to the terms of the above offer of employment. I understand that this offer is non-binding with a separate agreement to be written afterward.

**Employee’s Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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