## **Job Offer Form**

{BUSINESS NAME}

{ADDRESS}

{CITY, STATE, ZIP CODE}

Phone: {**NUMBER**}

Fax: {**NUMBER**}

{EMAIL}

{DATE}

**{EMPLOYEE NAME}** 

{ADDRESS}

{CITY, STATE, ZIP}

Dear {APPLICANT NAME}

I am pleased to confirm that after careful consideration, {**BUSINESS NAME**} ("the Company") has decided to extend to you an offer of employment. The details of your offer are as follows:

Your position with the Company will be {POSITION}, and you will be expected to perform the job duties as described in the attached job description. Your immediate supervisor will be {NAME AND POSITION}. This is a position is {FULLTIME/PART TIME/TEMPORARY}, and you will be required to work {HOURS} hours per week. Should you choose to accept this position, your start date will be on {DATE}. The Company reserves the right to change your hours and duties as it deems necessary.

Your compensation will be \${COMPENSATION} per {HOUR/WEEK/MONTH/YEAR}, with the proper deductions made for all required withholdings. Company payroll runs on a {WEEKLY/MONTHLY/BIMONTHLY} basis. {FOR NON-EXEMPT EMPLOYEES CHOOSE} As you are classified as a non-exempt employee, you will receive Company benefits such as paid vacations and health coverage. A full description of these benefits is attached. In addition, you will be compensated for overtime in accordance with Company overtime policy and federal and state laws. {FOR EXEMPT EMPLOYEES CHOOSE} As you are classified as an exempt employee, you will not receive

Company benefits. The Company reserves the right to change your compensation and benefits as it deems necessary.

Your employment with the Company is at-will, meaning either you or the Company may terminate the employment relationship at any time, with or without notice, and with or without cause, for any reason.

As a Company employee, you will be expected to abide by Company rules and policies. {IF EMPLOYEE HANDBOOK AVAILABLE INCLUDE} A copy of the Employee Handbook is included, and you are expected to read the handbook and acknowledge your understanding in writing. You may not disclose confidential Company information to unauthorized third parties, and at no time may you disclose confidential information of a former employer to the Company. {IF AVAILABLE INCLUDE} A copy of the Employee Nondisclosure Agreement/Employee Noncompetition Agreement/Invention Assignment Agreement is/are attached, and must be signed and returned to the Company at the commencement of your employment.

This letter and the attached {INSERT AGREEMENTS} form the complete and exclusive statement of employment between you and the Company. These employment terms supercede any other agreements, understandings, promises, or communications, written or oral, by or on behalf of the Company. Upon acceptance of this offer, you must provide proof of identification and authorization to work in the US.

Should you choose to accept this offer of employment, please sign and date this letter and return to {NAME} by {DATE}. On your first day of employment bring all other paperwork {LIST PAPERWORK/AGREEMENTS}, signed and dated, with you. I hope you accept this offer, and I look forward to working with you.

Sincerely
{NAME}
{POSITION}
{BUSINESS NAME}
Enclosure