



CONFIRMATION OF EMPLOYMENT

Q:1 Employer information

Name of Entity

Contact Person

RMD number CINSF number

Q:2 Contact Information

Village: Island:

Phone number: Mobile Number:

Email:

Q:3 Employee information

First Name:

Surname:

Date of Birth:

Gender: Female Male

RMD Number CINSF Number

Q:4 Residency Status

Non-Cook Islander Resident Permit Cook Islands Permanent Resident

Temporary Worker

Work Permit Permit number#

Cook Islander

Q:5 Contact Information

Village: Island:

Phone number: Mobile Number:

Email:

Both Parties hereby agree to enter into a temporary employment agreement in compliance with all National Law

Role (Job Title): Hours of work per week:

Commencement Date: End Date:

Employer Signature: Employee Signature:

Date: