Date: [MM/DD/YYYY]

[NAME]

[ADDRESS L1]

[ADDRESS L2]

Dear [NAME]:

It is my pleasure to extend the following offer of employment to you on behalf of [COMPANY]. We are excited about the potential that you bring to the Company.

**Title:** [POSITION TITLE]

**Base Compensation: [**$XX,XXX.XX per year], subject to deductions for taxes and other withholdings as required by law, paid [weekly/biweekly/semimonthly/other]. This is a full-time exempt position that is not eligible for overtime pay.

**Anticipated Start Date:** [MM/DD/YYYY], or as otherwise agreed upon

**Benefits:** [The Company provides a full range of benefits, including medical, dental, and life insurance benefits.  All benefit information will be provided under separate cover.]

Your employment is contingent upon the following: [INCLUDE ANY THAT APPLY]:

* Completion of a satisfactory background check.
* Completion of a satisfactory reference check.
* Execution of an employment/noncompete/confidentiality agreement.
* Obtaining \_\_\_\_\_ certification or license.

Your employment is also contingent upon completing the Form I-9 (Employment Eligibility Verification) and providing the required documentation establishing your legal right to work in the United States by your third day of employment. On your first day, please bring appropriate documentation establishing your eligibility to work in the United States. See the enclosed “List of Acceptable Documents for Form I-9” for reference on which forms to bring.

Please note that your employment will be on an “at will” basis which means that you or the Company are free to terminate your employment at any time, with or without cause and with or without notice.

Please indicate your acceptance of this offer by signing below and returning a copy of the letter to me by [MM/DD/YYYY].

We look forward to having you as part of our team. If you have any questions, please contact me.

[NAME]

[TITLE]  
[COMPANY]

I agree to the terms of employment as set forth above.

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

Signature Date