

# LOGO

NOMBRE DE LA EMPRESA

DIRECCIÓN FISCAL DE LA EMPRESA  
TELÉFONO DE LA EMPRESA

FECHA

Embassy of the United States of America

We would like to extend the offer to TU NOMBRE COMPLETO (Professional ID Number: NÚMERO DE CÉDULA PROFESIONAL), to join our team. We believe HE OR SHE is a great fit for this role because of HIS OR HER experience and skills in the NOMBRE DE LA CARRERA UNIVERSITARIA field.

We believe HIS OR HER degrees in NOMBRE DE LA CARRERA UNIVERSITARIA Y TU PRINCIPAL FORTALEZA COMO PROFESIONISTA would be beneficial for the position here. In addition, her professional experience sets HIS OR HER apart from the other candidates we were considering. Specifically, HIS OR HER previous work experience of TU FORTALEZA QUE MAS SEA COMPATIBLE CON EL GIRO DE LA EMPRESA will be very beneficial for our company. Lastly, we appreciate that HE OR SHE is desiring to help us work toward our mission by DOS O TRES ACTIVIDADES QUE REALIZARÍAS EN GENERAL. We are very excited to invite HIS OR HER to join our team here at NOMBRE DE LA EMPRESA (The Company).

**Start Date:** FECHA DE INICIO

**Job Title:** HIS OR HER job title will be NOMBRE DEL PUESTO A DESEMPEÑAR. The objectives include: BREVE EXPLICACIÓN DE LAS ACTIVIDADES Y/O RESPONSABILIDADES A DESEMPEÑAR. HE OR SHE will report to NOMBRE Y PUESTO DEL JEFE INMEDIATO.

**Working Schedule:** This is a FULL TIME OR PART TIME position requiring approximately X hours per week. HIS OR HER regular weekly schedule will be HORARIO LABORAL POR SEMANA.

**Employment Relationship:** Employment with the Company is for 1 ó 4 AÑOS DEPENDIENDO EL ACUERDO. HIS OR HER employment with the Company will be “at will,” meaning that either she or the company may terminate HIS OR HER employment at any time and for any reason, with or without cause.

**Compensation:** HIS OR HER HOURLY PAY or SALARY is \$X/HOUR or \$X/YEAR (approx. \$X/month) . HE OR SHE will be paid via direct deposit, WEEKLY Or BIWEEKLY or X. HIS OR HER compensation is subject to withholdings, payroll taxes and other deductions required by law.

**Employee Benefits:** PRESTACIONES DE LA EMPRESA.

NOMBRE Y FIRMA DEL DUEÑO O DEL PERSONAL DE RECURSOS HUMANOS