



ARBEITSZEUGNIS – TESTIMONIAL

....., born on,
name of the trainee *date of birth*

did her/his compulsory internship

from

to

at

.....
name and address of the company

She/He worked in and her/his tasks
department

were the following:

.....

.....

.....

.....

.....

.....
Place, date

.....
company stamp

.....
signature