

# CONFIRMATION OF WORK EXPERIENCE

(to be completed by a person having knowledge of the individual's work experience)

**PLEASE PRINT IN INK**

Part 1: Information about the Individual		
Last Name:		First Name:
Middle Name: <i>(no initials)</i>	Birth Date: <i>(yyyy/mm/dd)</i>	Gender:
Trade/Occupation in which the individual is/was working: _____		
Type of employment: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Self-employed <input type="checkbox"/> Other _____		
Period of Employment with this employer in the Trade/Occupation:		End Date: <i>(yyyy/mm/dd)</i> _____
Start Date: <i>(yyyy/mm/dd)</i> _____	Number of hours of work experience with this company: _____	
Number of months of work experience with this company: _____		
Tasks Performed (Detailed description of work done): <i>(This work must be hands-on experience only; time spent on supervisory or foreman duties, or training courses is not to be included in determining the work experience time. This information will be verified.)</i>		

Part 2: Information about the Employer			
Legal Name of Business:			
Operating Name of Business: <i>(if different from legal name)</i>			
Address:			
City:	Province:	Country:	Postal Code:
Phone Number: <i>(include all country, area and city codes to permit direct dialing)</i>		Fax Number: <i>(include all country, area and city codes to permit direct dialing)</i>	
E-mail Address:			
Does this Employer speak English?    YES _____ NO _____		If not, what language does the Employer speak:	

Part 3: Endorsement	
I certify that, to the best of my knowledge, the information provided in this confirmation is true and complete in all respects. (Note: It is an offence under the <i>Apprenticeship and Industry Training Act</i> to provide false information.)	
Signature of Employer or person representing the Employer:	Date: <i>(yyyy/mm/dd)</i>
Name of Employer or person representing the Employer: <i>(please print)</i>	Position of person signing this Confirmation: <i>(please print)</i>

For Department Use Only		
Verification date <i>(yyyy/mm/dd)</i> : _____	Verified by: _____	Code: _____
Comments: _____		