



TRADE EXPERIENCE VERIFICATION CABINETMAKER

Date YYYY/MM/DD	Employer		
Address		City	Territory/Province
Postal code			
Phone	Fax	Email	

This is to verify that _____ has worked as
PRINT NAME
 a **Cabinetmaker** from _____, _____ to _____, _____ for a total of
MONTH DAY YEAR MONTH DAY YEAR
 _____ hours spending the following percentage of the time at the tasks below:

Set-up woodworking machines	_____ %	Wood finishing	_____ %
Architectural fixture work	_____ %	Laminates	_____ %
Millwork-case units, cabinets and vanities	_____ %	Design and layout	_____ %
Construction of furniture	_____ %	Other (specify)	
Window sashes, doors and door frames	_____ %	_____	_____ %
			Total (should equal 100%): _____ %

Indicate the type of equipment and the type of work this person was involved with during this time period:

(If more space is required, continue on the reverse side.)

 PRINT NAME OF COMPANY REPRESENTATIVE

 POSITION OF COMPANY REPRESENTATIVE

 SIGNATURE OF COMPANY REPRESENTATIVE

YYYY/MM/DD

 DATE

 SIGNATURE OF EMPLOYEE

YYYY/MM/DD

 DATE

We are collecting this personal information to verify and determine the applicant's trade experience towards their apprenticeship agreement in accordance with the *Apprentice Training Act* and the *Apprentice Training and Tradesperson's Qualifications Regulation*. This personal information is being collected under the authority of the *Access to Information and Protection of Privacy Act* s.15(a) and (c)(i). If you have any questions, please call 867-667-5298, or toll-free within Yukon 1-800-661-0408 ext. 5298, or email apprenticeship@yukon.ca.