



TRADE EXPERIENCE VERIFICATION INDUSTRIAL WAREHOUSE WORKER

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 **Industrial Warehouse Worker** from _____, _____, _____ to _____, _____, _____
MONTH DAY YEAR MONTH DAY YEAR

for a total of _____ hours spending the following percentage of the time at the tasks below:

Receiving/Shipping	_____ %	Order, purchase and expedite supplies	_____ %
Stock organization/Inventory control	_____ %	Parts pickup/Delivery	_____ %
Identification of parts/Assemblies automotive	_____ %	Other (specify)	
Identification of parts/Assemblies heavy duty	_____ %	_____	_____ %
Catalogue/Microfiche/Computer application	_____ %	_____	_____ %
Operate forklifts, conveyors and pallet trucks	_____ %		
Identification of parts/Assemblies industrial	_____ %		
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.