

# INDUSTRIAL WAREHOUSE WORKER

## TRADE EXPERIENCE VERIFICATION FORM

Date: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_ Postal Code \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

This is to verify that \_\_\_\_\_ has worked as a  
**INDUSTRIAL WAREHOUSE WORKER** from (month/year) \_\_\_\_\_ to  
(month/year) \_\_\_\_\_ for a total of \_\_\_\_\_ hours, spending the  
following percentage of the time at the tasks below:

Receiving / Shipping	_____ %
Stock Organization / Inventory Control	_____ %
Identification of Parts / Assemblies Automotive	_____ %
Identification of Parts / Assemblies Heavy Duty	_____ %
Identification of Parts / Assemblies Industrial	_____ %
Catalogue / Microfiche / Computer Application	_____ %
Operate Forklifts, Conveyors & Pallet Trucks	_____ %
Order, purchase and expedite supplies	_____ %
Parts Pickup / Delivery	_____ %
Other (Please specify):	_____ %
_____	_____ %
_____	_____ %

Total 100 %

Please indicate the type of equipment and the type of work this person was involved with  
during this time period: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Print name of Company Representative

\_\_\_\_\_  
Position of Company Representative

\_\_\_\_\_  
Signature of Company Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date