

MACHINIST

TRADE EXPERIENCE VERIFICATION FORM

Date: _____
Employer: _____
Address: _____
_____ Postal Code _____
Phone: _____ Fax: _____
E-mail: _____

This is to verify that _____ has worked as a
MACHINIST from (month/year) _____ to (month/year)
_____ for a total of _____ hours, spending the following
percentage of the time at the tasks below:

Measurement / Layout / Benchwork	_____ %
Drilling Machines	_____ %
Engine Lathe / Production Lathe	_____ %
Power Saws	_____ %
Milling Machines	_____ %
Shapers, Planners and Slotters	_____ %
Boring Mills	_____ %
Machine Broaching	_____ %
Abrasive Machining	_____ %
Welding / Cutting / Brazing Smoldering	_____ %
Blueprint Reading / Sketching	_____ %
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