

ELECTRONICS TECHNICIAN

TRADE EXPERIENCE VERIFICATION FORM

Date: _____
Employer: _____
Address: _____

Postal Code _____
Phone: _____ Fax: _____
Email: _____

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

AUDIO SYSTEMS

Amplifier / Receiver	_____ %
Compact Disc	_____ %
Tape Recorder	_____ %
Car Stereo	_____ %

VIDEO SYTEMS

T.V.	_____ %
VCR	_____ %
Camcorder	_____ %

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