

Floorcovering Installer

TRADE EXPERIENCE VERIFICATION FORM

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

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

| | |
|---------------------------------|---------|
| Job Planning and Scheduling | _____ % |
| Subfloor Preparation | _____ % |
| Carpet Installation | _____ % |
| Resilient Flooring Installation | _____ % |
| Laminate Flooring Installation | _____ % |
| Hardwood Flooring Installation | _____ % |
| Tile Installation | _____ % |
| Hardwood Flooring Refinishing | _____ % |
| Service Work | _____ % |
| 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