

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