

# 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