



VERIFICATION OF ON-THE-JOB WORK EXPERIENCE

FOR THE DESIGNATED OCCUPATION OF: _____

This form records the total number of on-the-job work experience years a candidate has gained with a specific employer. The years are verified to meet certification requirements. All verified work experience years are required to directly relate to the designated occupation. Personal information is collected under the authority of *Apprenticeship Trade and Occupations Act*. It is protected by the privacy provisions of the *Access to Information and Protection of Privacy Act* and will be used to evaluate your application or assess your eligibility.

PART A – Completed By Candidate

PLEASE ✓ CHECK ONE: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs.		LAST NAME	FIRST NAME	MIDDLE NAME
PERMANENT HOME MAILING ADDRESS		SOCIAL INSURANCE NUMBER		PLEASE ✓ CHECK ONE: <input type="checkbox"/> Male <input type="checkbox"/> Female
COMMUNITY	POSTAL CODE	DRIVER'S LICENSE NUMBER	DATE OF BIRTH: DD/MM/YY	
PERSONAL PHONE NUMBER	WORK PHONE NUMBER	NAME OF EMPLOYER		
E-MAIL ADDRESS		NAME OF SUPERVISOR		

PART B – Completed By Employer Representative

NAME OF EMPLOYER	PHONE NUMBER	FAX NUMBER
MAILING ADDRESS	E-MAIL ADDRESS	
COMMUNITY	POSTAL CODE	CANDIDATE'S JOB TITLE

With respect to the work experience hours indicated, I hereby verify that the information recorded is accurate and understand that it is an offense to make a false statement.

EMPLOYER'S AUTHORIZING SIGNATURE

DATE

PRINT NAME

POSITION TITLE

COMPLETED BY CANDIDATE:
Total # of Years of Related Work Experience:

<i>Position</i>	<i>Date</i>
Total Years Related Work Experience:	

PART C – Instructions To Employer - Please forward this form to:

School of Community Government
Municipal and Community Affairs
500, 5201 50th Avenue
Northwest Tower - Fourth Floor
Yellowknife NT CANADA X1A 3S9
Fax: 867-873-0584 Phone: (867) 767-9163 ext. 21059
Attn: Sharon Morrison