



**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>
<b>Total Years Related Work Experience:</b>	

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

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