

# CABINETMAKER

## TRADE EXPERIENCE VERIFICATION FORM

Date: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Postal Code \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

This is to verify that \_\_\_\_\_ has worked as a **CABINETMAKER** from (month/year) \_\_\_\_\_ to (month/year) \_\_\_\_\_ for a total of \_\_\_\_\_ hours spending the following percentage of the time at the tasks below:

Set-up Woodworking Machines	_____ %
Architectural Fixture Work	_____ %
Millwork-Case Units, Cabinets and Vanities	_____ %
Construction of Furniture	_____ %
Window Sashes, Doors and Door Frames	_____ %
Wood Finishing	_____ %
Laminates	_____ %
Design and Layout	_____ %
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