

# PARTSPERSON

## TRADE EXPERIENCE VERIFICATION FORM

Date: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

This is to verify that \_\_\_\_\_ has worked as a  
**PARTSPERSON** 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 Equipment	_____ %
Catalogue / Microfiche / Computer Application	_____ %
Parts Pickup / Delivery	_____ %
Sales Merchandising	_____ %
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