## **INDUSTRIAL WAREHOUSE WORKER**

## TRADE EXPERIENCE VERIFICATION FORM

Date:					
Employer:					
Address:					
	Postal Code				
Phone:		Fax:			
This is to ve	rify that			has	worked as a
INDUSTRIAL	WAREHOUSE WORKER fi	om (month/	year)		to
(month/year)		for a total	of	hours,	spending the
following perc	entage of the time at the task	s below:			
Stock Org Identificati Identificati Identificati Catalogue Operate F Order, pur Parts Pick	/ Shipping anization / Inventory Control on of Parts / Assemblies Auto on of Parts / Assemblies Hea on of Parts / Assemblies Indu / Microfiche / Computer Appl orklifts, Conveyors & Pallet T chase and expedite supplies up / Delivery ase specify):	vy Duty istrial lication rucks	%		
	e the type of equipment and eperiod:	the type of v			ed with
	required, please continue on revers				
Print name of Company Representative			Position of Company Representative		
Signature of C	Company Representative	Date			
Signature of E	mployee	Date			