

SAWFITTER/SAWFILER

TRADE EXPERIENCE VERIFICATION FORM

Date: _____
Employer: _____
Address: _____

Postal Code _____
Phone: _____ Fax: _____
Email: _____

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

Align and Maintain Band Saw Mills	_____ %
Align and Maintain Circular Saws	_____ %
Fit Band Saws	_____ %
Fit Circular Saws	_____ %
Maintain Saw Filing Tools	_____ %
Maintain Chain Saw Chains	_____ %
Weld Band Saws	_____ %
Weld Circular Saws	_____ %
Troubleshoot Basic Hydraulic Systems	_____ %
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