Saskatchewan Apprenticeship and Trade Certification Commission

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Fax (306) 787-5105
ATCAssessment@gov.sk.ca

Form 6A Verification of on the Job Experience

PLEASE PRINT CLEARLY

Apprentice/Tradesperson _____ PSE# _____

Current Address _____ City _____ Postal Code _____ Phone Number _____

Employer (Firm Name) _____ Name and Certificate Number of Supervising Journeyperson _____

Address of Employer _____ City _____ Postal Code _____ Phone Number _____

Guest Services Representative **Period of Employment** _____ (DD/MM/YY) **to** _____ (DD/MM/YY)	**Trade Time Exposure In Hours**
Type of Work (please print)	
Operates switchboard: operates front desk phone, processes calls, takes messages, processes wake-up calls, processes phone charges	
Processes reservations: responds to enquires, takes/changes/cancels reservations	
Processes guest arrivals and departures: prepares for guest, checks in guest, accommodates walk-in clients, checks out guest, verifies late check out, processes groups	
Undertakes departmental duties: uses office equipment, follows operational procedures, provide services such as security, complaint processing	
Provides guest service information: responds to enquires	
Provides tourism information: promotion of local attractions, provincial and national events	
Total Hours	

I Certify The Above Hours Are Accurate _____ Date (DD/MM/YY) _____ Apprentice/Tradesperson (signature)

I Certify The Above Hours Are Accurate _____ Date (DD/MM/YY) _____ Employer Representative (signature)

_____ Employer Representative (print name clearly)

For Commission Use Only
Time Assessed:_____ **Approved By:**_____ **Date:** _____ **(DD/MM/YY)**