

# 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

<b>Food and Beverage Person</b>	<b>Trade Time Exposure In Hours</b>
<b>Period of Employment</b> _____ <b>to</b> _____ (DD/MM/YY) (DD/MM/YY)	
<b>Type of Work</b>	
<b>Prepares for service:</b> performing pre-service duties and set up	
<b>Serves alcohol and wine:</b> serving alcohol responsibly including cut-off	
<b>Serves other beverages:</b> preparing and serving of beverages	
<b>Takes and delivers orders:</b> using product knowledge; upselling of product	
<b>Manages section:</b> using time management skills; maintaining tables	
<b>Bus and set tables:</b> loading bus pans and trays; setting tables	
<b>Handles monetary transactions and guest payments:</b> using point-of-sale system(s)	
<b>Promotes tourism:</b> promoting local area/region, province and country	
<b>Total Hours</b>	

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)

<b>For Commission Use Only</b> <b>Time Assessed:</b> _____ <b>Approved By:</b> _____ <b>Date:</b> _____ <span style="float: right;">(DD/MM/YY)</span>
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