

Form 6A

Verification of On the Job Experience

PLEASE PRINT CLEARLY

Apprentice/Tradesperson	PSE#/MyATC#		
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

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

I Certify The Above Hours Are Accurate _____
 Date (DD/MM/YY) Apprenticeship/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)
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