

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

Guest Services Representative	Trade Time Exposure In Hours
Period of Employment _____ to _____ (DD/MM/YY) (DD/MM/YY)	
Type of Work (please print)	
Operates switchboard: operating front desk phone and taking messages; processing calls, wake-up calls and phone charges	
Processes reservations: responding to enquires; taking/changing/cancelling reservations	
Processes guest arrivals and departures: preparing for guest; checking in and checking out guest, accommodating walk-in clients; verifying late check out; processing groups	
Undertake departmental duties: using office equipment, following operational procedures, providing services such as security, processing complaints	
Provides guest service information: responding to enquires	
Provides tourism information: promoting local attractions, provincial and national events	
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)
--