Form 6A
Verification of On the Job Experience

PLEASE PRINT CLEARLY

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 **Period of Employment** _____ (DD/MM/YY) **to** _____ (DD/MM/YY)	**Occupation Time Exposure In Hours**
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) _____ 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)**

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Saskatchewan Apprenticeship and Trade Certification Commission