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 _____

Guest Services Representative **Period of Employment** _____ (DD/MM/YY) **to** _____ (DD/MM/YY) **Type of Work** (please print)	**Occupation Time Exposure In Hours**
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) _____ 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