

Please submit this COMPLETED form to tfwinfo@gov.ab.ca.
PLEASE PRINT

Part 1 – PERSONAL INFORMATION

Last name	First name	Middle name
AIT ID Number		Date of birth (YYYYMMDD)
Occupation the individual is/was working in		

Part 2 – EMPLOYER COMPANY INFORMATION (Current or previous employer)

Legal name of business		Operating name of business
Address		
City	Province/State	Country
Office phone number (include country/area/city codes)	Is employer still in business? () YES () NO	Company website

Part 3 – EMPLOYER CONTACT INFORMATION Indicate the person with the company who can verify the applicant’s work experience and employment dates.

Name of company contact		Position/title
Phone number (include country/area/city codes)		
Does contact speak English? () YES () NO	If no, what language does contact speak?	
Email address		

Is there another person who can confirm the applicant’s work experience and employment dates?

Name of company contact		Position/title
Phone number (include country/area/city codes)		
Does contact speak English? () YES () NO	If no, what language does contact speak?	
Email address		

Part 4 – WORK EXPERIENCE INFORMATION

Employment start date (YYYYMMDD)		Employment end date (YYYYMMDD)
Total months worked _____	Total hours worked _____	() Full time (check one) () Part time () Seasonal
Describe tasks and duties		
Some employers will not share your work experience information with our assessors. If required, do you give consent to Apprenticeship and Industry Training to send a copy of this document to the above employer, to confirm the details? () YES () NO **If you selected 'YES' please sign and date below.		
Signature		Date