

By completing this form, you are giving consent for Apprenticeship and Industry Training to contact the employer listed.

Part 1 – PERSONAL INFORMATION

Last name		First name	Middle name
AIT ID Number	Trade		Date of birth (YYYY/MM/DD)

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

Self-Employed?	YES	NO	If yes, please provide documentation of receipts/invoices of services, pay stubs, business license, etc.
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Legal name of business		Operating name of business	
Company Address (Include City)			
Province/State		Postal Code	Country
Office phone number (include country/area/city codes)		Company website	Is employer still in business? YES NO

Part 3 – EMPLOYER CONTACT INFORMATION

Indicate the current company representative(s) who can verify your work experience and employment dates.

1. 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?
Contact's business email address		

2. 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?
Contact's business email address		

Part 4 – WORK EXPERIENCE INFORMATION

Employment start date (YYYY/MM/DD)		Employment end date (YYYY/MM/DD)		
Total months worked	Total hours worked	Full time	Part time	Seasonal
(check one)				
Describe tasks and duties				
Additional comments				
Print Name			Date (YYYY/MM/DD)	

Please upload this reassessment form into the 'Document' section of your online [MyTradesecrets \(MTS\)](#) account.