



WORK HISTORY VERIFICATION

Please check one:

- Banquet Server
- Bartender
- Campground Operator
- Event Coordinator
- Event Manager
- Food & Beverage Manager
- Food & Beverage Server
- Front Desk Agent
- Guest Services Attendant
- Heritage Interpreter
- Housekeeping Room Attendant
- Reservations Sales Agent
- Supervisor
- Tour Director
- Tour Guide
- Tourism Visitor Info Counsellor

(Please Print) Circle One: Ms. Mrs. Mr.

Name: _____
Surname First Name Initial

Mailing Address:

Street City/Town/Prov. Postal Code

Phone: _____ **Fax:** _____
Home Work

Email Address: _____

Place of Employment: _____
Name of Company

Street City/Town/Prov. Postal Code

Supervisor's Name/Title: _____

Phone: _____ **Email Address:** _____

WORK HISTORY IN OCCUPATION (Please list RELEVANT employment beginning with most recent)

Place of Employment	How Long	Full time	Part-time
1. _____	From: ___/___ (Mo/Yr)	___	___
Address: _____	To: ___/___ (Mo/Yr)		
Contact: _____			
Phone & Email: _____			
2. _____	From: ___/___ (Mo/Yr)	___	___
Address: _____	To: ___/___ (Mo/Yr)		
Contact: _____			
Phone & Email: _____			
3. _____	From: ___/___ (Mo/Yr)	___	___
Address: _____	To: ___/___ (Mo/Yr)		
Contact: _____			
Phone & Email: _____			

This fee is only applicable for candidates upgrading from occupational knowledge exam to professional certification.

Work History Verification & Performance Evaluation: Fee is non-refundable

\$200.00 + 12% HST	Frontline Occupations
\$260.00 + 12% HST	Supervisor
\$340.00 + 12% HST	Event Manager/ Food & Beverage Manager

Please check method of payment:

Cheque VISA Master Card Money Order

Card Number: _____

Expiry Date: _____

Print Name of Cardholder: _____

Signature: _____

By submitting the information filled out on this form, you give us your consent to: create a profile for you on *emerit's* learning management system; review your work history information to assess if you meet the work experience prerequisite for your registered occupation; record your exam and evaluation scores to determine your eligibility to obtain recognition and contact you with related correspondence if needed, at your home or workplace (based on your preference).

Signature: _____ Date: _____

I hereby authorize **go2** to release the results of my written exam and final industry evaluation to my employer or instructor, if requested.

Yes

No

*Once you are certified **go2** reserves the right to publish your name, occupation certified in and name of property in industry publications.*



go2 – the resource for people in Tourism
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