

EXPERIENCE/TRAINING/ EDUCATION/SKILLS

Employee's Name: _____

Position /Title: _____ Hire Date: _____

Experience, Training, Education and Skills	Duration	Employer/Provider

Employee Signature: _____ Date: _____

FORWARD TO THE DEPARTMENT MANAGER

This employee is considered qualified and competent to perform current assigned tasks based upon the experience, training, education and skills listed above.

Approved by: _____ Date: _____
(Plant Manager or President/Quality Manager)

FORWARD TO TRAINING FOLDER