

Work History Form



- Complete this form following the instructions provided in the LMS *Articling Requirements* checkpoints.
- Save a fillable copy of this form for your records, and add to this document for each upload.
- You must include **all of your experience** from your 'date of application' to 'present' at each checkpoint. Provide the details from the oldest to the most recent position.
- If more space is needed insert additional pages before the signatures page.

Applicant: _____

Name (First, Middle, Last)

Designation & Member #

Date of Application/Enrolment (mm/dd/yy): _____

Working towards (check one):

RPF

RFT

NRP

Start (mm/dd/yy)	End (mm/dd/yy)	Employer & Location(s)	Position (job title/project name)

Specific Duties Performed

Applicant: _____
 Name (First, Middle, Last) Designation & Member #

Start (mm/dd/yy)	End (mm/dd/yy)	Employer & Location(s)	Position (job title/project name)
Specific Duties Performed			

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Specific Duties Performed			

Applicant:

Name (First, Middle, Last)

Designation & Member #

Start (mm/dd/yy)	End (mm/dd/yy)	Employer & Location(s)	Position (job title/project name)

Specific Duties Performed			

Start (mm/dd/yy)	End (mm/dd/yy)	Employer & Location(s)	Position (job title/project name)

Specific Duties Performed			

Applicant:

Name (First, Middle, Last)

Designation & Member #

Certification - Applicant

I recognize that under the *Foresters Act* a person commits an offence if they apply for membership by false or fraudulent representation. I certify that the information provided in this form and in any documents attached is correct, complete and provides full disclosure. I also certify that the foregoing is a true record of my work experience.

Date (mm/dd/yy)

Signature of Applicant

Certification - Sponsor

I recognize that under the *Foresters Act* a person commits an offence if they knowingly assist another person to apply for membership by false or fraudulent representation. I therefore certify that the information provided in this form is true to the best of my knowledge and belief. I also certify that I consider the applicant suitable for registration.

(Important: You must directly contact the registrar at admissions@abcfp.ca if you have any reservations about the suitability of the applicant for registration.)


Sponsor Name (Print)

Sponsor Member #

Date (mm/dd/yy)

Signature of Sponsor

Both signatures are required at the time of upload.

- Electronic signatures are acceptable (i.e. an image of your signature), not fonts.
- To add your electronic signature, click "fill and sign" (right-hand side), then click: 
- Need help: <https://www.howtogeek.com/164668/how-to-electronically-sign-documents-without-printing-and-scanning-them/>
- Electronic signature not working? Print, sign, scan, and save. Then upload.