

M

TAB

TAB

TAB

TAB

TAB

**ARMY APPRENTICESHIP PROGRAM
VERIFICATION OF PREVIOUS WORK EXPERIENCE**

For use of this form, see DA PAM 621-200; the proponent agency is DCSPE R

*Requirement Control
Symbol
LABOR—1024*

SECTION I—PARTICIPANT INFORMATION

NAME OF PARTICIPANT *(Last, First, Middle)*

SSN

MOS

ORGANIZATION AND UNIT

FROM *(Month/Year)*

TO *(Month/Year)*

SIGNATURE OF PARTICIPANT

DATE

SECTION II—WORK PROCESSES AND HOURS OF PREVIOUS EXPERIENCE

WORK PROCESS <i>(Letter & Title)</i>	HOURS	WORK PROCESS <i>(Letter & Title)</i>	HOURS

SECTION III—SUPERVISOR'S VERIFICATION STATEMENT

I was the immediate supervisor of the AAP participant named above during the period stated in Section I. I certify that he or she satisfactorily performed tasks for the work processes in the number of hours reported in Section II.

TYPED NAME OF SUPERVISOR

RANK

ORGANIZATION AND UNIT

SIGNATURE OF SUPERVISOR

DATE