



AGMT Work History Form

This form may be used to demonstrate work history within the AGMT Scope of Certification. Please add as many employers as necessary to meet the 7500-hour work experience Prerequisite, beginning with your most recent employer. Once complete, please submit via your CIP account or email to the Program Administrator at staff@agmtprogram.com.

Applicant Name (first and last):		
1. Employer (Name, City, State)	Dates of Employment (mm/yyyy to mm/yyyy)	Hours worked
Type of work performed (check all that apply):		
<p>Used basic mathematical and communication skills to effectively perform day-to-day glazing work</p> <p>Used tools of the trade and followed safe work practices</p>	<p>Interpreted drawings and performed layout tasks</p> <p>Applied sealants, gaskets and barriers to weatherize work</p> <p>Followed quality control practices</p>	

2. Employer (Name, City, State)	Dates of Employment (mm/yyyy to mm/yyyy)	Hours worked
Type of work performed (check all that apply):		
<p>Used basic mathematical and communication skills to effectively perform day-to-day glazing work</p> <p>Used tools of the trade and followed safe work practices</p>	<p>Interpreted drawings and performed layout tasks</p> <p>Applied sealants, gaskets and barriers to weatherize work</p> <p>Followed quality control practices</p>	



3. Employer (Name, City, State)	Dates of Employment (mm/yyyy to mm/yyyy)	Hours worked
Type of work performed (check all that apply):		
<p>Used basic mathematical and communication skills to effectively perform day-to-day glazing work</p> <p>Used tools of the trade and followed safe work practices</p>		<p>Interpreted drawings and performed layout tasks</p> <p>Applied sealants, gaskets and barriers to weatherize work</p> <p>Followed quality control practices</p>

4. Employer (Name, City, State)	Dates of Employment (mm/yyyy to mm/yyyy)	Hours worked
Type of work performed (check all that apply):		
<p>Used basic mathematical and communication skills to effectively perform day-to-day glazing work</p> <p>Used tools of the trade and followed safe work practices</p>		<p>Interpreted drawings and performed layout tasks</p> <p>Applied sealants, gaskets and barriers to weatherize work</p> <p>Followed quality control practices</p>



5. Employer (Name, City, State)	Dates of Employment (mm/yyyy to mm/yyyy)	Hours worked
Type of work performed (check all that apply):		
<p>Used basic mathematical and communication skills to effectively perform day-to-day glazing work</p> <p>Used tools of the trade and followed safe work practices</p>	<p>Interpreted drawings and performed layout tasks</p> <p>Applied sealants, gaskets and barriers to weatherize work</p> <p>Followed quality control practices</p>	

*** If you need to add additional employers, please copy page 2 and attach to this form before submitting**

<p>By checking this box and submitting this form, I am attesting that the information provided is true and completed to the best of my ability.</p> <p>Date (mm/dd/yy):</p>
