

## Attachment 2

### WORK EXPERIENCE - ROBOTIC SPRAYING

#### Employee

Last Name	First Name	Date of birth
Nationality	Email	Telephone

#### Experience

Position	Employer	Start and end date of employment (if applicable)	
Type of employment	Extent of employment		Why did the employment end
	<input type="checkbox"/> Full time	<input type="checkbox"/> Part time _____%	
Name of project		Type of project (e.g. tunnel or mine)	
Robotic spraying equipment (brand/model)		Robotic spraying work days*	
		_____ <input type="checkbox"/> Less than 40 days <input type="checkbox"/> More than 40 days	

\*If the Employee has sprayed less than 40 days on the project, write the amount of days. Experience from another project must be specified on another form.

#### Employer

Company/Organisation		Nation
Address	Postal number, district	Telephone
Contact person		E-mail

#### Signature

I can hereby verify, from personal experience of being the Employee's supervisor, manager or similar, that the Employee has the above specified experience.

Location and date	
Signature of issuer	Name and title