

Apprenticeship Manitoba

Trades Qualification Employer Declaration

Agricultural Equipment Technician

This form is to be completed by the direct supervisor of the applicant.
Information provided in this form will be verified.

A. Applicant Name	Name of the individual declaring their employment experience
Full name:	

B. Work History Information	All information boxes must be completed.		
Organization / Employer name:			
From (yyyy/mm/dd):	To (yyyy/mm/dd):	Job Title:	Total Hours Worked:
Type of Employment:	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal <input type="checkbox"/> Other		

C. Declaration of Job Tasks Performed 2012 NOA	<input checked="" type="checkbox"/> Check the "No" box if none of the tasks in the group were witnessed by you personally. <input checked="" type="checkbox"/> Check the "Yes" box if you personally witnessed the applicant performing the tasks at the level of a journeyperson. Strike out any individual tasks not witnessed. example	
A – Common Occupational Skills Includes: Performs safety-related functions; Performs common work practices and procedures; Uses and maintains tools and equipment	<input type="checkbox"/> No <input type="checkbox"/> Yes	
B – Engines and Engine Support Systems Includes: Diagnoses engine and engine support systems; Repairs engine and engine support systems	<input type="checkbox"/> No <input type="checkbox"/> Yes	
C – Drive Train Includes: Diagnoses drive train; Repairs drive train	<input type="checkbox"/> No <input type="checkbox"/> Yes	
D – Hydraulic, Hydrostatic and Pneumatic Systems Includes: Diagnoses hydraulic, hydrostatic and pneumatic systems; Repairs hydraulic, hydrostatic and pneumatic systems	<input type="checkbox"/> No <input type="checkbox"/> Yes	
E – Electrical and Electronic Systems Includes: Diagnoses electrical/ electronic power and control monitoring systems; Repairs electrical/ electronic power and control monitoring systems	<input type="checkbox"/> No <input type="checkbox"/> Yes	
F – Steering, Suspension and Brakes Includes: Diagnoses steering and brake systems; Repairs steering and brake systems; Diagnoses suspension components	<input type="checkbox"/> No <input type="checkbox"/> Yes	
G – Structural Components and Operator Station Includes: Diagnoses structural components; Repairs structural components	<input type="checkbox"/> No <input type="checkbox"/> Yes	

D. Supervisor/Employer Signature	I certify that the information I, as the current or former direct supervisor of the applicant provided is accurate. I understand that my support may allow the candidate to challenge the certification exam.	
Signature:	Date: (yyyy/mm/dd)	
Printed name:	Daytime phone:	

Office use only:	Verified - <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature:	Comments:
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