

Apprenticeship Manitoba

Trades Qualification Employer Declaration

Automotive Painter

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 2014 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; Maintains tools and equipment	<input type="checkbox"/> No <input type="checkbox"/> Yes
B – Routine Trade Tasks Includes: Uses documentation; Plans work	<input type="checkbox"/> No <input type="checkbox"/> Yes
C – Vehicle Preparation Includes: Prepares surface; Uses repair materials	<input type="checkbox"/> No <input type="checkbox"/> Yes
D – Refinishing Includes: Prepares equipment; Uses refinishing materials	<input type="checkbox"/> No <input type="checkbox"/> Yes
E – Pre-Delivery Includes: Performs detailing; Carries out quality assurance check	<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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