

Apprenticeship Manitoba

Trades Qualification Employer Declaration

Cabinetmaker

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

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

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| 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 | | |

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| C. Declaration of Job Tasks Performed 2012 NOA | <input checked="" type="checkbox"/> Check the "No" box if you did not personally witness the applicant performing the tasks in the group. <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; Organizes work; Performs routine work practices | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| B – Machining Includes: Machines components using stationary and portable power tools; Machines components using automated equipment | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| C – Forming and Laminating Includes: Creates curved components using wood and composite materials; Laminates wood and composite materials | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| D – Veneers and Laminates Includes: Applies veneers; Applies laminate sheets | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| E – Shop Assembly Includes: Assembles cabinets and furniture; Assembles architectural millwork products | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| F – Finishing Includes: Prepares surface for finishing | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| G – On-site Assembly and Installation Includes: Modifies products to site conditions; Installs cabinets and countertops; Installs architectural millwork products and mouldings | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| H – Specialized Operations Includes: Builds stairs and balustrades; Works with solid surface material and custom countertops; Creates decorative woodwork; Restores woodwork | <input type="checkbox"/> No <input type="checkbox"/> Yes |

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| 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: |

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