

Apprenticeship Manitoba

Trades Qualification Employer Declaration

Construction Craft Worker

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 2015 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 journey person. Strike out any individual tasks not witnessed. example	
A – OCCUPATIONAL SKILLS Includes: Performs safety-related functions; Uses and maintains tools and equipment; Organizes work; Performs routine trade activities		<input type="checkbox"/> No	<input type="checkbox"/> Yes
B – SITE WORK Includes: Prepares site; Performs ground work; Services site; Performs basic demolition; Performs safety watches		<input type="checkbox"/> No	<input type="checkbox"/> Yes
C – SAFFOLDING AND ACCESS EQUIPMENT Includes: Uses scaffolding; Uses access equipment		<input type="checkbox"/> No	<input type="checkbox"/> Yes
D – CONCRETE WORK Includes: Forms concrete; Places and finishes concrete; Modifies concrete; Places/Applies grout, epoxies and caulking		<input type="checkbox"/> No	<input type="checkbox"/> Yes
E – MASONRY WORK Includes: Prepares for masonry work; Tends to bricklayers		<input type="checkbox"/> No	<input type="checkbox"/> Yes
F – UTILITIES AND PIPELINE Includes: Installs utility piping for water and sewer installations; Performs pipeline activities		<input type="checkbox"/> No	<input type="checkbox"/> Yes
G – ROADWORK Includes: Installs road surface material; Installs roadwork 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: