

Apprenticeship Manitoba

Trades Qualification Employer Declaration Ironworker (Generalist)

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: Interprets occupational documentation; Communicates in the workplace; Uses and maintains tools and equipment; Organizes work		<input type="checkbox"/> No	<input type="checkbox"/> Yes
B – Rigging and Hoisting Includes: Selects rigging equipment; Uses hoisting and lifting equipment		<input type="checkbox"/> No	<input type="checkbox"/> Yes
C – Cranes Includes: Select, assemble and erect cranes and components; Disassembles cranes		<input type="checkbox"/> No	<input type="checkbox"/> Yes
D – Reinforcing Includes: Fabricates on-site; Installs reinforcing material		<input type="checkbox"/> No	<input type="checkbox"/> Yes
E – Pre-Stresses/Post-Tensions Includes: Places pre-stressed/post-tensioning systems; Stresses tendons; Grouts tendons		<input type="checkbox"/> No	<input type="checkbox"/> Yes
F – Erection, Assembly and Installation Includes: Installs primary and secondary structural members; Installs ornamental components and systems; Installs conveyors, machinery and equipment		<input type="checkbox"/> No	<input type="checkbox"/> Yes
G – Maintenance and Upgrading Includes: Repairs components; Dismantles and removes structural, mechanical and miscellaneous 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: