

# Apprenticeship Manitoba

## Trades Qualification Employer Declaration

### Power Electrician

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

<b>A. Applicant Name</b>	Name of the individual declaring their employment experience
Full name:	

<b>B. Work History Information</b>	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

<b>C. Declaration of Job Tasks Performed</b> 2017 POA	<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. <b>example</b>
<b>A – Common Occupational Skills</b> Includes: Performs safety-related functions; Uses and maintains tools and equipment; Organizes work and handles materials; Uses communication and mentoring techniques; Applies knowledge and technical skills	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>B – Power Utility Systems</b> Includes: Analyses system requirements; Performs energy control	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>C – High Voltage Equipment</b> Includes: Installs and maintains interruptive high voltage equipment; Installs and maintains reactive high voltage equipment; Installs and maintains other high voltage equipment	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>D – Low Voltage Equipment</b> Includes: Installs and maintains low voltage distribution equipment; Installs and maintains other low voltage equipment; Installs and maintains building systems equipment	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>E – Rotating Machines</b> Includes: Installs and maintains generators and synchronous condensers; Installs and maintains motors	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>F – Signaling and Communication Systems</b> Includes: Installs and maintains protection systems; Installs and maintains control systems; Installs and maintains monitoring systems	<input type="checkbox"/> No <input type="checkbox"/> Yes

<b>D. Supervisor/Employer Signature</b>	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:	

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