

Apprenticeship Manitoba

Trades Qualification Employer Declaration

Tool and Die Maker

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; . Uses and maintains machine-tools and tooling; Organizes work; Performs benchwork	<input type="checkbox"/> No <input type="checkbox"/> Yes
B – Machine-tool Setup and Operation Includes: Plans and prepares for machine-tool operations; Operates conventional drill presses, lathes and milling machines; Operates power saws; Operates grinders; Operates computer numerical control (CNC) machines; Operates Electrical Discharge Machines (EDM)	<input type="checkbox"/> No <input type="checkbox"/> Yes
C – Prototypes Includes: Develops prototype; Proves out prototypes	<input type="checkbox"/> No <input type="checkbox"/> Yes
D – Heat Treatment Includes: Heat treats materials; Tests heat treated materials	<input type="checkbox"/> No <input type="checkbox"/> Yes
E – Production Tool Design and Development Includes: Performs basic production tool design; Fits and assembles production tools; Proves out production tools; Repairs and maintains production tools	<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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