

Apprenticeship Manitoba

Trades Qualification Employer Declaration

Boilermaker

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 2017 RSOS	<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 – Performs Common Occupational Skills Includes: Performs safety-related functions; Uses tools, equipment and work platforms; Organizes work; Uses communication and mentoring techniques; Performs cutting and welding activities	<input type="checkbox"/> No <input type="checkbox"/> Yes
B – Performs Rigging And Hoisting Includes: Plans lift; Rigs Load; Hoists load; Performs post-lift activities	<input type="checkbox"/> No <input type="checkbox"/> Yes
C – Completes New Construction Includes: Performs fabrication; Assembles and fits vessels and components; Fastens components	<input type="checkbox"/> No <input type="checkbox"/> Yes
D – Performs Repairs, Maintenance, Upgrading And Testing Includes: Services vessels and components; Removes vessels and 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:
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