## **Apprenticeship Manitoba**

## **Trades Qualification Employer Declaration**

## Bricklayer

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:	Full time P	art time 🗌 Seasonal 🗌 Other	

	☑ Check the "No" box if you did not personally witness the applicant			
C. Declaration of Job Tasks Performed	performing the tasks in the group.			
	☑ Check the "Yes" box if you personally witnessed the applicant performing			
2016 NOA	the tasks at the level of a journeyperson.			
	Strike out any individual tasks not witnessed. example			
A – Common Occupational Skills			No	
Includes: Performs safety related functions; Uses and maintains tools and equipment; Uses scaffolding; Organizes work			Yes	
B – General Masonry Practices			No	
Includes: Performs substrate preparation; Performs fundament	al masonry tasks; Uses mortars, grouts and adhesives		Yes	
C – Masonry Systems			No	
Includes: Builds masonry walls; Builds horizontal masonry surfa	ces; Builds and installs prefabricated masonry units;			
Installs surface-bonded masonry units			Yes	
D – Natural Stone Systems			No	
Includes: Builds natural stone walls; Installs natural stone cladding			Yes	
E – Chimneys and Fireplaces			No	
Includes: Builds chimneys; Builds fireplaces			Yes	
F – Refractories and Corrosion Resistant Materials			No	
Includes: Installs and maintains refractories; Installs and maintains corrosion resistant materials			Yes	
G – Restoration			No	
Includes: Rebuilds masonry work; Repairs and cleans existing masonry work			Yes	
H – Additional Masonry			No	
Includes: Installs glass blocks; Installs ornamental and sculpted masonry; Builds arches			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 - 🗌 Yes	□No	Signature:	Comments: