Apprenticeship Manitoba

Trades Qualification Employer Declaration

Industrial Mechanic

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

A. Applicant Name	of the individual de	claring their employment experie	nce		
Full name:					
B. Work History Information	All 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	Part time 🗌 So	easonal 🗌 Other		
C. Declaration of Job Tasks Performed 2013 NOA				sed the appli	
A – OCCUPATIONAL SKILLS Includes: Performs safety-related functions; Maintains and uses tools and equipment; Performs routine trade tasks; Performs measuring and layout; Performs cutting and welding operations					No Yes
B – Rigging, Hoisting/Lifting and Moving Includes: Plans rigging, hoisting/lifting and moving; Rigs, hoists/lifts and moves load					No Yes
C – Mechanical Components and Systems Includes: Services prime movers; Services shafts, bearings and seals; Services couplings, clutches and brakes; Services chain and belt drive systems; Services gear systems					No Yes
D – Material Handling/Process Systems Includes: Services fans and blowers; Services compressors; Services pumps; Services conveying systems; Services process tanks and containers					No Yes
E – Hydraulic, Pneumatic and Vacuum Systems Includes: Services hydraulic systems; Services pneumatic and vacuum systems					No Yes
F – Preventive and Predictive Maint Includes: Performs preventive and p equipment		-	d testing and analysis; Commissio	ns	No Yes
	L certify th	at the information I	as the current or former direct s	upervisor of	the applicant

D. Supervisor/Employer Signature	 t my support may allow the candidate to challenge the
Signature:	Date: (yyyy/mm/dd)
Printed name:	Daytime phone:

Office use only: Verified -	Yes 🛛 No	Signature:	Comments:
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