## **Apprenticeship Manitoba**

## **Trades Qualification Employer Declaration**

## Machinist

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): J	ob Title:	Total Hours Worked:
Type of Employment:	Full time     Part	t time  Seasonal  Other	

	☑ Check the NO box if you did not personally witness the applicant performing			
C. Declaration of Job Tasks Performed	the tasks in the group.			
	☑ Check the "Yes" box if you personally witnessed the applicant performing			
2013 NOA	the tasks at the level of a journeyperson.			
	Strike out any individual tasks not witnessed. example			
A – Common Occupational Skills			No	
Includes: Organizes work; Processes work piece material; Maintains machines and tooling			Yes	
B – Bench Work			No	
Includes: Performs hand processes; Refurbishes components			Yes	
C – Drill Presses			No	
Includes: Sets up drill presses; Operates drill presses			Yes	
D – Conventional Lathes			No	
Includes: Sets up conventional lathe machines; Operates conventional lathe machines			Yes	
E – Conventional Milling Machines			No	
Includes: Sets up conventional milling machines; Operates conventional milling machines			Yes	
F – Power Saws			No	
Includes: Sets up power saws; Operates power saws			Yes	
G – Precision Grinding Machines			No	
Includes: Sets up precision grinding machines; Operates precision grinding machines			Yes	
H – Computer Numerical Control (CNC) Machine-tools			No	
Includes: Performs basic CNC programming; Sets up CNC machine-tools; Operates CNC machine-tools			Yes	

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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: