

Apprenticeship Manitoba

Trades Qualification Employer Declaration

Welder

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: Maintains tools and equipment; Uses access and material handling equipment; Performs safety-related activities; Organizes work; Performs routine trade activities	<input type="checkbox"/> No <input type="checkbox"/> Yes
B – Fabrication and Preparation of Components for Welding Includes: Performs layout; Fabricates components	<input type="checkbox"/> No <input type="checkbox"/> Yes
C – Cutting and Gouging Includes: Uses tools and equipment for non-thermal cutting and grinding; Uses oxy-fuel gas cutting (OFC) process for cutting and gouging; Uses plasma arc cutting (PAC) process for cutting and gouging; Uses air carbon arc cutting (CAC-A) process for cutting and gouging	<input type="checkbox"/> No <input type="checkbox"/> Yes
D – Welding Processes Includes: Welds using shielded metal arc welding (SMAW) process; Welds using flux cored arc welding (FCAW), metal cored arc welding (MCAW) and gas metal arc welding (GMAW) processes; Welds using gas tungsten arc welding (GTAW) process; Welds using submerged arc welding (SAW) process	<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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