

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 2013 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 journey person. Strike out any individual tasks not witnessed. example		
	A – Common Occupational Skills Includes: Uses and maintains tools and equipment; Performs safety related activities; Uses building materials; Builds and uses temporary access structures	No	Yes
B – Planning and Layout Includes: Interprets documentation; Organizes work; Performs layout	No	Yes	
C – Concrete Includes: Constructs formwork; Installs concrete, cement-based and epoxy products	No	Yes	
D – Framing Includes: Constructs floor systems; Constructs deck systems; Constructs wall systems; Constructs roof and ceiling systems	No	Yes	
E – Exterior Finish Includes: Installs exterior doors and windows; Installs roofing; Installs exterior finishes	No	Yes	
F – Interior Finish Includes: Applies wall and ceiling finishes; Installs flooring; Installs interior doors and windows; Constructs and installs finish components and stairs	No	Yes	
G – Renovations Includes: Performs renovation-specific support activities; Performs renovation-specific construction activities	No	Yes	

D. Supervisor/Employer Signature	I certify that the information I provided, as the current or former direct supervisor of the applicant, 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	Comments:
Designated Trainer - ATC Recommend	Date:	Signature:
Executive Director Approval	Date:	Signature:

Submit form to one of the following offices:

Brandon
128, 340-9th Street
R7A 6C2
PH: 204-726-6365
FAX: 204-726-6912

Thompson
118-3 Station Road
R8N 0N3
PH: 204-677-6346
FAX: 204-677-6689

Winnipeg
100-111 Lombard
Avenue R3B 0T4
PH: 204-945-3337
FAX: 204-948-2346