

APPRENTICESHIP MANITOBA

Trades Qualification Employer Declaration

Carpenter

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 journeyperson. 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	<input type="checkbox"/> No <input type="checkbox"/> Yes
B – Planning and Layout Includes: Interprets documentation; Organizes work; Performs layout	<input type="checkbox"/> No <input type="checkbox"/> Yes
C – Concrete Includes: Constructs formwork; Installs concrete, cement-based and epoxy products	<input type="checkbox"/> No <input type="checkbox"/> Yes
D – Framing Includes: Constructs floor systems; Constructs deck systems; Constructs wall systems; Constructs roof and ceiling systems	<input type="checkbox"/> No <input type="checkbox"/> Yes
E – Exterior Finish Includes: Installs exterior doors and windows; Installs roofing; Installs exterior finishes	<input type="checkbox"/> No <input type="checkbox"/> Yes
F – Interior Finish Includes: Applies wall and ceiling finishes; Installs flooring; Installs interior doors and windows; Constructs and installs finish components and stairs	<input type="checkbox"/> No <input type="checkbox"/> Yes
G – Renovations Includes: Performs renovation-specific support activities; Performs renovation-specific construction activities	<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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