

Apprenticeship Manitoba

Trades Qualification Employer Declaration

Glazier

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 2012 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 – Occupational Skills Includes: Uses and maintains tools and equipment; Organizes work; Performs routine activities	<input type="checkbox"/> No <input type="checkbox"/> Yes
B – Commercial Window and Door Systems Includes: Fabricates commercial window and door systems; Installs commercial window and door systems	<input type="checkbox"/> No <input type="checkbox"/> Yes
C – Residential Window and Door Systems Includes: Installs residential window systems; Installs residential door systems	<input type="checkbox"/> No <input type="checkbox"/> Yes
D – Specialty Glass and Products Includes: Fabricates and installs specialty glass and products; Installs glass systems on vehicles	<input type="checkbox"/> No <input type="checkbox"/> Yes
E – Servicing Includes: Services commercial window and door systems; Services residential window and door systems; Services specialty glass and products	<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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