

# Apprenticeship Manitoba

## Trades Qualification Employer Declaration

### Landscape Horticulturist

This form is to be completed by the direct supervisor of the applicant.  
Information provided in this form will be verified.

<b>A. Applicant Name</b>	Name of the individual declaring their employment experience
Full name:	

<b>B. Work History Information</b>	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

<b>C. Declaration of Job Tasks Performed</b> 2018 RSOS	<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. <b>example</b>
<b>MWA A – Performs Common Occupational Skills</b> <b>Includes:</b> Performs safety-related functions; Uses tools, equipment and vehicles; Organizes work; Participates in marketing and sales; Uses communication and mentoring techniques;	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>MWA B – Applies Horticultural Principles</b> <b>Includes:</b> Applies horticultural practices; Applies environmental practices	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>MWA C – Performs Landscape Construction</b> <b>Includes:</b> Performs pre-construction activities; Installs hardscape; Installs softscape; Installs green infrastructure systems	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>MWA D – Performs Landscape Maintenance</b> <b>Includes:</b> Maintains hardscape; Maintains softscape; Maintains green infrastructure	<input type="checkbox"/> No <input type="checkbox"/> Yes

<b>D. Supervisor/Employer Signature</b>	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:	

<b>Office use only:</b>	Verified - <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature:	Comments:
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