

Apprenticeship Manitoba

Trades Qualification Employer Declaration

Recreational Vehicle Service Technician

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 you did not personally witness the applicant performing the tasks in the group. <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: Performs safety-related activities; Uses and maintains tools and equipment; Performs common work practices and procedures	<input type="checkbox"/> No <input type="checkbox"/> Yes
B – Plumbing Systems Includes: Diagnoses plumbing systems; Services potable water systems; Services waste water systems	<input type="checkbox"/> No <input type="checkbox"/> Yes
C – Electrical Systems Includes: Diagnoses electrical systems Services AC electrical system; Services DC electrical system	<input type="checkbox"/> No <input type="checkbox"/> Yes
D – LP Gas Systems Includes: Diagnoses LP gas systems; Services LP gas systems	<input type="checkbox"/> No <input type="checkbox"/> Yes
E – Appliances and Consumer Products Includes: Maintains appliances; Diagnoses appliances; Repairs appliances and consumer products; Installs appliances and consumer products	<input type="checkbox"/> No <input type="checkbox"/> Yes
F – Interior and Exterior Includes: Diagnoses interior and exterior components; Services interior components; Services exterior components	<input type="checkbox"/> No <input type="checkbox"/> Yes
G – Chassis and Mechanical Components Includes: Maintains chassis and mechanical components; Diagnoses chassis and mechanical components; Repairs chassis and mechanical systems	<input type="checkbox"/> No <input type="checkbox"/> Yes
H – Towing Systems Includes: Diagnoses towing systems; Services towing systems	<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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