

PARTS TECHNICIAN 1 EMPLOYER DECLARATION OF WORK EXPERIENCE

SkilledTradesBC Customer Service 800 – 8100 Granville Ave Richmond, BC V6Y 3T6 Tel: 778-328-8700 Fax: 778-328-8701 Toll Free: 1-866-660-6011 customerservice@skilledtradesbc.ca

This form is used to declare work experience for periods of employment and must be completed by a **direct supervisor of the applicant**, who will be contacted by SkilledTradesBC.

Note: An Employer Declaration of Work Experience form must be completed for each period of employment.

This form is not to be used for periods of self-employment. For more information, see Instructions for Certification.

To qualify to challenge certification in this trade, individuals must have:

- worked a minimum of **2,520 hours** performing the tasks listed in Section D, and
- experience performing at least **70%** of the job tasks listed in Section D

A. Applicant Name

Enter the name of the individual for whom this form is being completed.

Legal First Name:	Legal Middle Name(s):	Legal Last Name:

B. Employment Information of Applicant

Enter the business information for the applicant's period of employment declared for this trade.

Name of Organization/Employer/Business:		
Mailing Address:		City:
Province/ State:	Country:	Postal Code/ Zip Code:
Business Phone Number: ()	Website:	

Enter the dates and number of hours for this period of employment.

Dates of Applicant's Emp From:	ployment (MM/DD/YYYY): To:	Total Number Hours of Parts Technician 1 Experience Accumulated in that Period:
Job Title of Applicant:		

parts-technician-1-employer-declaration-august-2023



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C. Supervisor Contact Information

Enter the name and contact information for the person who directly supervised the applicant during this employment period. Ensure the information given is current as the application will be denied if this person cannot be contacted by SkilledTradesBC.

First and Last Name of Applicant's Direct Supervisor:	Supervisor Position or Title:
Supervisor's Phone Number: ()	Supervisor E-Mail Address:
Language(s) that the employer/supervisor can communicate: (check	all that apply)
English Other (please s	pecify):

D. Supervisor Declaration of Job Task Performance of Applicant

By checking "Yes" or "No" in the Declaration Response column, indicate whether you, as the direct supervisor of the applicant, have personally witnessed the applicant performing the job tasks listed.

JOB TASKS (32)	SUPERV DECLARATION	
OVERVIEW OF WAREHOUSE OPERATIONS		
Use ethical behaviour in a warehouse environment	Yes	🗌 No
Interpret the human rights statutes in British Columbia	Yes	🗌 No
Apply basic warehouse terminology and operations	Yes	🗌 No
Apply warehouse skill requirements	Yes	🗌 No
Use warehouse technology	Yes	🗌 No
Maintain the relationship of the warehouse to other divisions within an enterprise	Yes	🗌 No
COMMUNICATION AND COMPREHENSION SKILLS		
Use effective verbal communication skills	Yes	🗌 No
Use basic written communication skills	Yes	🗌 No
Use various warehouse calculations	Yes	🗌 No
WAREHOUSE SAFETY SKILLS		
Define basic first aid	Yes	🗌 No
Maintain a safe work environment	Yes	🗌 No
Apply regulations and procedures for the transporting of dangerous goods	Yes	🗌 No
Apply WHMIS	Yes	🗌 No

Enter the supervisor and applicant names (repeat on every page of this form)

Supervisor First and Last Name:

Applicant First and Last Name:



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JOB TASKS (32)	SUPERV DECLARATION	
Use safe lifting, carrying, and repetitive strain injury control prevention	Yes	🗌 No
Employ applicable environmental protection for the recycling of waste materials	🗌 Yes	🗌 No
Apply fire and emergency response procedures	Yes	🗌 No
Use the components of a safety meeting	Yes	🗌 No
BASIC MATERIAL HANDLING OPERATIONS AND PROCEDURES		
Receive goods and complete related documentation	Yes	🗌 No
Perform distribution and stocking of incoming materials	🗌 Yes	🗌 No
Store material	Yes	🗌 No
Fill orders from stock	Yes	🗌 No
Perform allocation of products	Yes	🗌 No
Pack goods for transportation	🗌 Yes	🗌 No
Employ correct stock maintenance	🗌 Yes	🗌 No
Process returned items	🗌 Yes	🗌 No
MATERIAL HANDLING AND PACKAGING EQUIPMENT		
Use appropriate small tools for package handling	Yes	🗌 No
Use manual handling equipment	Yes	🗌 No
Perform safe operation of a forklift	Yes	🗌 No
Perform safe operation of a narrow aisle forklift	Yes	🗌 No
Perform safe operation of cranes and required rigging	Yes	🗌 No
INFORMATION TECHNOLOGY IN WAREHOUSING	•	
Use information technology in a warehouse environment	🗌 Yes	🗌 No
Use work computers ethically	Yes	🗌 No

Enter the supervisor and applicant names (repeat on every page of this form)

Supervisor First and Last Name: Applicant First and Last Name:



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E. Supervisor Signature

I certify that the information I, as the current or former direct supervisor of the applicant, have provided is true and accurate. (Note: Collection and protection of personal information on this form is in accordance with the provisions of the Freedom of Information and Protection of Privacy Act.)

Supervisor name (Please Print):	Supervisor Signature:	Date Signed: (MM/DD/YYYY)

Enter the supervisor and applicant names (repeat on every page of this form)

Supervisor First and Last Name: Applicant First and Last Name: