SKILLED TRADES BC

CABINETMAKER

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 Challenge or Supervision and Sign-Off Authority.

"Cabinetmakers" build, repair, finish and install residential and commercial cabinets (including hardware), wooden furniture and architectural millwork using a variety of woods, laminates, and other products. Cabinetmakers read drawings and specifications and prepare layouts. They also set up and operate woodworking equipment, both power and computerized, to machine wood products and composite materials. Cabinetmakers use various hand and power tools, and precision woodworking tools to perform their work. In some shops, cabinetmakers sand and finish the surfaces either before or after assembly. They also apply finishing products. Some may choose to specialize in areas such as stairs, veneering, sporting equipment, musical instruments, moulding, or finishing.

To qualify to challenge certification in this trade or be granted authority to supervise and sign-off on apprentices in this trade, individuals must have:

- worked a minimum of **9,720 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:		
Business Address (Street Name/Number, Building/Unit Number):		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 Employment (MM/DD/YYYY): From: To:	Total Number Hours of **Cabinetmaker** Experience Accumulated in Period:
Job Title of Applicant:	

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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 specify):	

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 (71)	SUPERVISOR DECLARATION RESPONSE	
Performs safety-related functions		
Maintains safe work environment	☐ Yes	☐ No
Uses personal protective equipment (PPE) and safety equipment	☐ Yes	☐ No
Maintains tools and equipment		
Maintains hand, portable power and pneumatic tools and equipment	☐ Yes	☐ No
Maintains stationary power tools	☐ Yes	☐ No
Maintains automated and computer numerical control (CNC) equipment	☐ Yes	☐ No
Maintains finishing equipment	☐ Yes	☐ No
Organizes work		
Interprets prints and drawings	☐ Yes	☐ No
Plans project	☐ Yes	☐ No
Creates design	☐ Yes	☐ No
Performs layout of cabinets, furniture and architectural millwork	☐ Yes	☐ No

Supervisor must enter name and initials on every page of this form

Supervisor First and Last Name (Please Print):	
I hereby certify, that to the best of my knowledge, the information I am providing as a current or past supervisor of the applicant (as named on page 1 of this document), is true and accurate.	Supervisor's Initials:

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JOB TASKS (71)	SUPERVISOR DECLARATION RESPONSE	
Performs routine work practices		
Handles materials, supplies and products	☐ Yes	☐ No
Fabricates jigs and templates	☐ Yes	☐ No
Builds prototypes	☐ Yes	☐ No
Dry-fits components	☐ Yes	☐ No
Selects hardware	☐ Yes	☐ No
Selects adhesives and fasteners	☐ Yes	☐ No
Uses communication and mentoring techniques		
Uses communication techniques	☐ Yes	☐ No
Uses mentoring techniques	☐ Yes	☐ No
Machines components using stationary and portable power tools		
Breaks out solid wood	☐ Yes	☐ No
Dresses solid wood	☐ Yes	☐ No
Shapes solid wood	☐ Yes	☐ No
Breaks out sheet materials	☐ Yes	☐ No
Machines sheet materials	☐ Yes	☐ No
Machines joints	☐ Yes	☐ No
Performs preliminary sanding	☐ Yes	☐ No
Machines components using automated and CNC equipment		
Sets up automated and CNC equipment	☐ Yes	☐ No
Operates automated and CNC equipment	☐ Yes	☐ No
Creates curved components using wood and composite materials		
Builds forms	☐ Yes	☐ No
Performs curved laminating	☐ Yes	☐ No
Steam-forms wood	☐ Yes	☐ No

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JOB TASKS (71)	SUPERVISOR DECLARATION RESPONSE	
Laminates wood and composite materials		
Arranges materials for laminating	☐ Yes	☐ No
Applies adhesive for laminating	☐ Yes	☐ No
Clamps pieces together	☐ Yes	☐ No
Applies veneers		
Selects veneers	☐ Yes	☐ No
Prepares veneer and substrate	☐ Yes	☐ No
Adheres veneers to substrates	☐ Yes	☐ No
Performs final cleanup of veneered panels	☐ Yes	☐ No
Applies laminate sheets		
Selects laminate sheets	☐ Yes	☐ No
Prepares laminate sheets and substrate	☐ Yes	☐ No
Adheres laminate sheets to substrate	☐ Yes	☐ No
Performs final cleanup of laminated sheets	☐ Yes	☐ No
Assembles cabinets and furniture		
Assembles cabinet components	☐ Yes	☐ No
Assembles furniture components	☐ Yes	☐ No
Combines cabinet and furniture components into final assemblies	☐ Yes	☐ No
Assembles architectural millwork products		
Assembles architectural millwork components in shop	☐ Yes	☐ No
Assembles architectural fixtures in shop	☐ Yes	☐ No
Prepares surface for finishing		
Repairs imperfections	☐ Yes	☐ No
Prepares parts for finishing	☐ Yes	☐ No
Performs final sanding of surfaces	☐ Yes	☐ No

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JOB TASKS (71)	SUPERVISOR DECLARATION RESPONSE	
Finishes wood products		
Prepares finishing materials	☐ Yes	☐ No
Applies finishing material manually	☐ Yes	☐ No
Sprays on finishing material	☐ Yes	☐ No
Modifies products to site conditions		
Cuts access holes on site	☐ Yes	☐ No
Scribes product to fit on site	☐ Yes	☐ No
Installs cabinets and countertops		
Performs final on-site assembly and fastening of cabinets and countertops	☐ Yes	☐ No
Finalizes installation of cabinets and countertops	☐ Yes	☐ No
Installs architectural millwork products and mouldings		
Performs final on-site assembly and fastening of architectural millwork products	☐ Yes	☐ No
Installs mouldings	☐ Yes	☐ No
Finalizes installation of architectural millwork products and mouldings	☐ Yes	☐ No
Builds stairs and balustrades		
Lays out stair and balustrade components	☐ Yes	☐ No
Machines stair and balustrade components	☐ Yes	☐ No
Assembles stairs and balustrades	☐ Yes	☐ No
Installs stairs and balustrades	☐ Yes	☐ No
Works with solid surface material and custom countertops		
Breaks out materials	☐ Yes	☐ No
Fabricates solid surface material	☐ Yes	☐ No
Installs solid surface material	☐ Yes	☐ No
Creates decorative woodwork		
Performs marquetry	☐ Yes	☐ No

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JOB TASKS (71)	SUPERVISOR DECLARATION RESPONSE	
Performs carving	☐ Yes	☐ No
Performs woodturning	☐ Yes	☐ No
Restores woodwork		
Repairs woodwork for restoration purposes	☐ Yes	☐ No
Refinishes woodwork	☐ Yes	☐ No

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 Signature:	Date Signed: (MM/DD/YYYY)

Supervisor must enter name and initials on every page of this form

Supervisor First and Last Name (Please Print):	
I hereby certify, that to the best of my knowledge, the information I am providing as a current or past supervisor of the applicant (as named on page 1 of this document), is true and accurate.	Supervisor's Initials: