CABINETMAKER

STATUTORY 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 during which you were self-employed, or a previous employer will not complete an Employer Declaration.

Note: Unless your work experience was gained through self-employment, applications must be accompanied by at least one Employer Declaration. 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

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

B. Self-Employment or Employment Information of Applicant

Enter the contact information for your own business if you are self-employed or your previous employer who will not complete an Employer Declaration.

Name of Organization/Employer/Business:		Business Registration Number: (Self-Employment only)
Business Address (Street Name/Number, Building/Unit Number):		City:
Province/ State:	Country:	Postal Code/ Zip Code:
Business Phone Number: ( )	Email Address:	Website:

Enter the dates and number of hours for this period of employment or self-employment. You may combine multiple periods of self-employment on one form, but you must separate periods of employment with different employers on separate forms.

Dates of Employment (MM/DD/YYYY): From: To:	Total Number Hours of **Cabinetmaker** Experience Accumulated in Period:
Job Title of Applicant:	

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C. Reason for Statutory Declaration

Indicate why a Statutory Declaration is required for this period of employment:

☐ Applicant was self-employed ☐ Employer will/can not complete Employer Declaration

Applicants **must** attempt to contact current or previous employers to request an Employer Declaration to be filled out and signed.

If you have been unable to obtain an Employer Declaration for any portion of your non-self-employed work experience, **indicate the steps you have taken to try to obtain it.**

D. Statutory Declaration of Job Task Performance

By checking "Yes" or "No" in the Declaration Response column, indicate whether you have performed the job tasks listed below during the period indicated in Section B.

JOB TASKS (71)	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

Enter the applicant's initials on every page of this form

I hereby certify, that to the best of my knowledge, the information I am providing is true and accurate.	Applicant's Initials:

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JOB TASKS (71)	DECLARATION RESPONSE	
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
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

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JOB TASKS (71)	DECLARATION RESPONSE	
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
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

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JOB TASKS (71)	DECLARATION RESPONSE	
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
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

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JOB TASKS (71)	DECLARATION RESPONSE	
Fabricates solid surface material	☐ Yes	☐ No
Installs solid surface material	☐ Yes	☐ No
Creates decorative woodwork		
Performs marquetry	☐ Yes	☐ No
Performs carving	☐ Yes	☐ No
Performs woodturning	☐ Yes	☐ No
Restores woodwork		
Repairs woodwork for restoration purposes	☐ Yes	☐ No
Refinishes woodwork	☐ Yes	☐ No

E. Applicant Signature

I certify that the information I 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.)

Applicant Name (please print):	Applicant Signature:	Date: (MM/DD/YYYY)

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F. References

Minimum of Three References must accompany **each Statutory Declaration form**. Include names and contact information of minimum three individuals who can attest to your hours and/or scope of trade. References listed must be related to the organization and period of employment listed in Section B of this form.

Each individual listed will be contacted by SkilledTradesBC to verify the information provided on your application.

1. Reference

Relationship to Applicant: ☐ Former Employee ☐ Co-worker	☐ Contractor ☐ Client	☐ Supplier ☐ Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:	
First and Last Name of Reference:	Language(s) that reference can communicate: (Check all that apply) ☐ English	☐ Other (specify):	
Organization/Business Name:		Position/Title:	
Phone Number:		Email Address:	

2. Reference

Relationship to Applicant: ☐ Former Employee ☐ Co-worker	☐ Contractor ☐ Client	☐ Supplier ☐ Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:	
First and Last Name of Reference:	Language(s) that reference can communicate: (Check all that apply) ☐ English	☐ Other (specify):	
Organization/Business Name:		Position/Title:	
Phone Number:		Email Address:	

3. Reference

Relationship to Applicant: ☐ Former Employee ☐ Co-worker	☐ Contractor ☐ Client	☐ Supplier ☐ Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:	
First and Last Name of Reference:	Language(s) that reference can communicate: (Check all that apply) ☐ English	☐ Other (specify):	
Organization/Business Name:		Position/Title:	
Phone Number:		Email Address:	

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