APPLIANCE SERVICE TECHNICIAN

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.

"Appliance Service Technician" refers to a person who repairs and maintains consumer related products including washers, dryers, stoves, refrigerators, dishwashers, microwave ovens and other major and small household appliances. They are also capable of servicing appliances whether electrical or gas operated, Natural or Liquid Petroleum Gas (LPG).

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 **10,800 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 **Appliance Service Technician** 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 (22)	SUPERVISOR DECLARATION RESPONSE	
Occupational Skills		
Uses tools and equipment	☐ Yes	☐ No
Organizes work	☐ Yes	☐ No
Removal And Installation Procedures		
Preparing installation sites	☐ Yes	☐ No
Handles appliances	☐ Yes	☐ No
Disconnects/reconnects appliances	☐ Yes	☐ No
Electrical And Electronic Systems		
Diagnoses electrical and electronic components	☐ Yes	☐ No
Performs electrical and electronic repairs	☐ Yes	☐ No
Mechanical Systems		
Diagnoses drive systems	☐ Yes	☐ No
Assesses cabinets, consoles and suspension systems	☐ Yes	☐ No
Repairs drive systems	☐ 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 (22)	SUPERVISOR DECLARATION RESPONSE	
Repairs cabinets, consoles and suspension systems	☐ Yes	☐ No
Water Systems		
Diagnoses water systems	☐ Yes	☐ No
Repairs water systems	☐ Yes	☐ No
Air Systems		
Diagnoses static air systems	☐ Yes	☐ No
Diagnoses forced air systems	☐ Yes	☐ No
Repairs static air systems	☐ Yes	☐ No
Repairs forced air systems	☐ Yes	☐ No
Refrigeration Systems		
Diagnoses refrigeration systems	☐ Yes	☐ No
Recovers refrigerant	☐ Yes	☐ No
Repairs refrigeration systems	☐ Yes	☐ No
Gas Systems		
Diagnoses gas system components and supply	☐ Yes	☐ No
Repairs gas system components	☐ 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: