

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)	
<input type="checkbox"/> English <input type="checkbox"/> 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 (73)	SUPERVISOR DECLARATION RESPONSE	
Performs Safety-Related Functions		
Maintains safe work environment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses personal protective equipment (PPE) and safety equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses And Maintains Tools And Equipment		
Maintains hand and power tools	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains frame and unibody repair and measuring equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses lifting equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses diagnostic equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains refinishing tools and equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses And Maintains Welding Equipment		
Uses welding equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains welding equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Organizes Work And Uses Documentation		
Prepares estimates and supplements	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Enter the supervisor’s name and initials (repeat 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:

JOB TASKS (73)	SUPERVISOR DECLARATION RESPONSE	
Prepares repair plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Organizes parts, materials and work area	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses documentation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses Communication And Mentoring Techniques		
Uses communication techniques	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses mentoring techniques	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Removes And Installs Trim And Hardware		
Removes trim and hardware	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs trim and hardware	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs Final Inspections		
Performs final operational check	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs final quality control inspection	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Applies Corrosion Protection And Sound Deadening Materials		
Applies corrosion inhibitors and undercoats	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Applies seam sealers and sound deadeners	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Prepares For Repair And Replacement Of Structural Components		
Identifies extent of damage	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Removes components for access	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs vehicle setup	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Repairs, Removes and Installs Structural Components		
Repairs structural components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Removes structural components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs structural components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Removes, Installs And Repairs Structural And Laminated Glass		
Removes structural glass	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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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:

JOB TASKS (73)	SUPERVISOR DECLARATION RESPONSE	
Installs structural glass	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Repairs laminated glass	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Removes, Repairs And Installs Metal Panels And Components		
Prepares metal panels and components for repair	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Removes metal panels and components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Repairs metal panels and components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs metal panels and components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Removes, Repairs And Installs Plastic And Composite Panels And Components		
Prepares plastic and composite panels and components for repair	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Removes plastic and composite panels and components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Repairs plastic and composite panels and components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs plastic and composite panels and components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Removes and Installs Non-Structural Glass		
Removes non-structural glass	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs non-structural glass	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Deactivates and Reactivates Alternative-Fuel Systems		
Deactivates alternative-fuel systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reactivates alternative-fuel systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Removes and Installs Mechanical Components		
Removes mechanical components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs mechanical components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Removes, Repairs and Installs Electrical and Electronic Components		
Removes electrical components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Repairs damaged wires and protective coverings	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs electrical components	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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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:

JOB TASKS (73)	SUPERVISOR DECLARATION RESPONSE	
Services advanced electronic components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Repairs and Replaces Interior Components		
Repairs interior components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Replaces interior components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Services Supplemental Restraint Systems (SRS)		
Services seat belt restraint systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Services air bags and related components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Prepares Surface		
Performs initial preparation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Masks surface	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Strips surface	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sands surface	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses Repair Materials		
Mixes repair materials	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Applies repair materials	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Prepares Refinishing Equipment		
Prepares spray booth	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs spray gun setup	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Prepares Refinishing Materials		
Mixes refinishing materials	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs colour adjustments	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Applies Refinishing Materials		
Applies sealers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Applies base coat	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Applies single-stage paint	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Enter the supervisor's name and initials (repeat 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:

JOB TASKS (73)	SUPERVISOR DECLARATION RESPONSE	
Applies clear coat	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs Post-Refinishing Functions		
Removes masking materials	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Corrects surface imperfections	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Details Exterior		
Removes minor imperfections	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Polishes vehicle	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Touches up stone chips	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cleans Vehicle		
Cleans exterior	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cleans interior	<input type="checkbox"/> Yes	<input type="checkbox"/> 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)
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Enter the supervisor’s name and initials (repeat 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: