



# AUTOMOTIVE 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

### 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 (47)	SUPERVISOR DECLARATION RESPONSE	
<b>Perform Safety-Related Functions</b>		
Is the applicant able to maintain safe work environment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the applicant able to use personal protective equipment (PPE) and safety equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Use Tools, Equipment and Documentation</b>		
Is the applicant able to use tools and equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the applicant able to use fasteners, tubing, hoses and fittings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the applicant able to use hoisting and lifting equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the applicant able to use technical information?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Use Communication and Mentoring Techniques</b>		
Is the applicant able to use communication techniques?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the applicant able to use mentoring techniques?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Diagnose And Repair Engine Systems</b>		
Is the applicant able to diagnose and repair cooling systems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the applicant able to diagnose and repair lubricating systems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the applicant able to diagnose and repair engine assembly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the applicant able to diagnose and repair accessory drive systems?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 (47)	SUPERVISOR DECLARATION RESPONSE	
<b>Diagnose And Repair Gasoline Engine Support Systems</b>		
Is the applicant able to diagnose and repair advanced wiring and electronics?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the applicant able to diagnose and repair gasoline fuel delivery and injection systems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the applicant able to diagnose and repair gasoline ignition systems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the applicant able to diagnose and repair engine management systems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the applicant able to diagnose and repair gasoline intake and exhaust systems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the applicant able to diagnose and repair gasoline emissions control systems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Diagnose And Repair Diesel Engine Support Systems</b>		
Is the applicant able to diagnose and repair diesel fuel delivery and injection systems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the applicant able to diagnose and repair diesel intake and exhaust systems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the applicant able to diagnose and repair diesel emissions control systems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Diagnose And Repair Vehicle Networking Systems</b>		
Is the applicant able to identify types of networking system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the applicant able to diagnose and repair networking systems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Diagnose And Repair Driveline Systems</b>		
Is the applicant able to diagnose and repair drive shafts and axles?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the applicant able to diagnose and repair manual transmissions and transaxles?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the applicant able to diagnose and repair automatic transmissions and transaxles?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the applicant able to diagnose and repair clutches?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the applicant able to diagnose and repair mechanical transfer cases?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the applicant able to diagnose and repair all-wheel drive (AWD) systems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the applicant able to diagnose and repair final drive assemblies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Diagnose And Repair Electrical Systems and Components</b>		
Is the applicant able to diagnose and repair basic wiring and electrical systems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the applicant able to diagnose and repair starting and charging systems and batteries?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the applicant able to diagnose and repair lighting and wiper systems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the applicant able to diagnose and repair electrical options and accessories?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 (47)	SUPERVISOR DECLARATION RESPONSE	
Is the applicant able to diagnose and repair instrumentation, entertainment systems and displays?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Diagnose And Repair Heating, Ventilation and Air Conditioning (HVAC) And Comfort Control Systems</b>		
Is the applicant able to diagnose and repair air flow control and heating systems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the applicant able to diagnose and repair refrigerant systems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Diagnose And Repair Steering and Suspension, Braking, Control Systems, Tires, Wheels, Hubs and Wheel Bearings</b>		
Is the applicant able to diagnose and repair steering and control systems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the applicant able to diagnose and repair suspension and control systems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the applicant able to diagnose and repair braking and control systems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the applicant able to diagnose and repair tires, wheels, hubs and wheel bearings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Diagnose And Repair Restraint Systems, Body Components, Accessories and Trim</b>		
Is the applicant able to diagnose and repair restraint systems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the applicant able to diagnose and repair wind noises, rattles and water leaks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the applicant able to diagnose and repair interior and exterior components, accessories and trim?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the applicant able to diagnose and repair latches, locks and movable glass?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Diagnose And Repair Hybrid and Electric Vehicles (EV)</b>		
Is the applicant able to implement specific safety protocols for hybrid and electric vehicles (EV)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the applicant able to diagnose and repair hybrid and electric vehicle (EV) systems?	<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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Supervisor First and Last Name (Please Print):	
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