

**BOILERMAKER
STATUTORY DECLARATION
OF WORK EXPERIENCE**

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 (54)	DECLARATION RESPONSE	
PERFORMS COMMON OCCUPATIONAL SKILLS		
Maintains safe and healthy workplace		
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
Monitors confined spaces	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Participates in healthy and respectful work environment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses, inspects and maintains tools, equipment and work platforms		
Uses hand, measuring and layout tools	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses power tools	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 (54)	DECLARATION RESPONSE	
Uses shop equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses cutting and welding tools and equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses hydraulic equipment and pneumatic tools and equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses work platforms, scaffolding and access equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses mobile elevating work platforms (MEWP)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Organizes work		
Organizes project tasks and procedures	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses documents, drawings and specifications	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Handles materials and components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Demobilizes site	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs cutting and welding activities		
Cuts material	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Prepares weld joints for fitting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fits weld joints	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs tack welds	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs basic welding	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs advanced welding	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains continuous learning		
Upskills in new trade practices and procedures	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Upskills in emerging technologies	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses communication and mentoring techniques		
Uses communication	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses mentoring techniques	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Plans lift		
Determines load	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs pre-lift analysis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Selects rigging, hoisting and positioning equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Secures lift area	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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JOB TASKS (54)	DECLARATION RESPONSE	
Rigs, hoists and positions load		
Inspects rigging, hoisting and material handling equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fabricates rigging accessories and components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Assembles rigging, hoisting and positioning equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Attaches rigging equipment to load	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs hoisting and positioning operations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Secures load before rigging removal	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs post-lift activities		
Conducts post-lift inspection	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Disassembles rigging, hoisting and positioning equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains rigging, hoisting and positioning equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
COMPLETES NEW CONSTRUCTION		
Performs fabrication		
Lays out components for fabrication	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cuts components for fabrication	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Forms components for fabrication	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Constructs components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Assembles and fits vessels and components		
Aligns vessels and components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fits vessels and components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fastens components		
Bolts components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Expands tubes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lays up fibreglass	<input type="checkbox"/> Yes	<input type="checkbox"/> No
PERFORMS REPAIRS, MAINTENANCE, UPGRADING AND TESTING		
Services vessels and components		
Inspects vessels and components for defects	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Prepares vessels and components for servicing	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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Repairs vessels and components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs preventative maintenance and upgrades	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tests materials, vessels and components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Removes vessels and components		
Dismantles vessels and components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Removes materials and components	<input type="checkbox"/> Yes	<input type="checkbox"/> 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: <input type="checkbox"/> Former Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Supplier <input type="checkbox"/> Co-worker <input type="checkbox"/> Client <input type="checkbox"/> Other (i.e. HR; Bookkeeper; Accountant, Business Partner) please specify:		
First and Last Name of Reference:	Language(s) that reference can communicate: (Check all that apply) <input type="checkbox"/> English <input type="checkbox"/> Other (specify):	
Organization/Business Name:	Position/Title:	
Phone Number:	Email Address:	

2. Reference

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

3. Reference

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

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