

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.

“Bricklayers” build and repair walls, floors, arches, pavings, partitions, fireplaces, chimneys, smokestacks, furnaces, kilns and other structures. They work with materials such as brick, natural stone, manufactured stone, tiles, precast masonry panels, glass blocks, concrete blocks, lightweight insulated panels, other masonry units, insulation and membranes. They erect, install, maintain, repair and alter various masonry. The structures vary in complexity from a simple masonry walkway to an ornate exterior on a multi-level building.

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 **7,290 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:
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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:		
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 Bricklayer Experience Accumulated in Period:
Job Title of Applicant:	

**BRICKLAYER
EMPLOYER DECLARATION
OF WORK EXPERIENCE**

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 (79)	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 tools and equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses rigging, hoisting and lifting equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses access equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses Scaffolding		
Erects scaffolding	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dismantles scaffolding	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains scaffolding	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Organizes Work		
Uses drawings and specifications	<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:

BRICKLAYER
**EMPLOYER DECLARATION
OF WORK EXPERIENCE**

JOB TASKS (79)	SUPERVISOR DECLARATION RESPONSE	
Plans daily tasks and activities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Prepares jobsite and materials	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Protects surrounding areas	<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
Performs Substrate Preparation		
Prepares vertical substrates and foundations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Applies parging	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs anchoring/tie systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs membrane and flashing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs insulation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs Fundamental Masonry Tasks		
Lays out wall and coursing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Finishes joints	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cleans new masonry surfaces	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Seals masonry surfaces	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses Mortars, Grouts And Adhesives		
Mixes mortar, concrete, grout and adhesives	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses mortars	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses concrete and grout	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses adhesives	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Builds Masonry Walls		
Builds non-loading-bearing walls	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Builds load-bearing walls	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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JOB TASKS (79)	SUPERVISOR DECLARATION RESPONSE	
Builds Horizontal Masonry Surfaces		
Prepares horizontal substrate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lays masonry units on horizontal surfaces	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Builds And Installs Prefabricated Masonry		
Builds prefabricated masonry	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Erects prefabricated masonry	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs Surface-Bonded Masonry Units		
Prepares substrate for surface-bonded masonry units	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Applies surface-bonded masonry units	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Builds Natural Stone Walls		
Prepares natural stone	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lays natural stone	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Damp cures walls	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs Mechanically-Fastened Natural Stone Cladding Procedures		
Prepares substrate for cladding	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Prepares natural stone for cladding	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs natural stone cladding	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Builds Chimneys		
Builds foundation supports for chimneys	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lays masonry units to build chimneys	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs flue lining	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs related flashings	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs caps	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Builds Fireplaces		
Builds foundation for hearth, firebox, backup material and veneer	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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JOB TASKS (79)	SUPERVISOR DECLARATION RESPONSE	
Builds hearth, firebox and backup	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs damper	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Builds smoke chamber	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Prepares existing fireplace for insert	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Faces fireplaces and inserts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs And Maintains Refractories		
Prepares for installation of refractories and accessories	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Prepares mortar for refractories	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Removes existing refractories	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs refractories	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Repairs refractories	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs And Maintains Corrosion Resistant Materials		
Prepares for installation of corrosion resistant materials and accessories	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Prepares mortar for corrosion resistant materials	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Removes existing corrosion resistant materials	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs corrosion resistant materials	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Repairs corrosion resistant materials	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rebuilds Masonry Work		
Disassembles unit masonry	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Prepares restoration work area	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reinstalls masonry and accessories	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Repairs And Cleans Existing Masonry Work		
Removes deteriorated masonry units	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Repoints joints	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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Supervisor First and Last Name (Please Print):	
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JOB TASKS (79)	SUPERVISOR DECLARATION RESPONSE	
Repairs masonry units	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reinstalls masonry units and accessories	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cleans existing masonry surfaces	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs Glass Blocks		
Prepares work area	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lays glass blocks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs Ornamental And Sculpted Masonry Units		
Prepares for installation of ornamental and sculpted masonry units	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs ornamental and sculpted masonry units	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Builds Arches		
Prepares location	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Builds template	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Places template	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs arch masonry units	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Removes template	<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):	
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