CARPENTER
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.

"Carpenter" means a person who performs all work in connection with the assembly and erection of falsework and forms for concrete, wood and metal frame construction, and installs interior and exterior finishing metals for residential, commercial, and industrial projects, while conforming to plans and specifications and local building codes. Other trade skills include layout, rigging/signaling, cutting/welding and the erection and dismantling of scaffolding.

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 **9,540 hours** performing the tasks listed in Section D, and
- experience performing at least **70%** of the job tasks listed in Section D.

Holders of a Canadian **military certificate** in **Construction Technician MT #306 / MT #648, QL5 or higher** will be eligible to challenge this certification by submitting an Exam Application Form along with a copy of the certificate.

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 **Carpenter** 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 (46)	SUPERVISOR DECLARATION RESPONSE	
Safe Work Practices		
Applies shop and site safety practices	☐ Yes	☐ No
Applies personal safety practices	☐ Yes	☐ No
Documentation and Organizational Skills		
Uses construction drawings and specifications	☐ Yes	☐ No
Interprets building codes and bylaws	☐ Yes	☐ No
Plans and organizes work	☐ Yes	☐ No
Performs trade math	☐ Yes	☐ No
Uses communication and mentorship techniques	☐ Yes	☐ No
Tools and Equipment		
Uses hand tools	☐ Yes	☐ No
Uses portable power tools	☐ Yes	☐ No
Uses stationary power tools	☐ Yes	☐ No
Uses oxy-fuel equipment	☐ 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 (46)	SUPERVISOR DECLARATION RESPONSE	
Survey Instruments and Equipment		
Uses levelling instruments and equipment	☐ Yes	☐ No
Uses site layout equipment	☐ Yes	☐ No
Access, Rigging and Hoisting Equipment		
Uses ladders, scaffolds and access equipment	☐ Yes	☐ No
Uses rigging and hoisting equipment	☐ Yes	☐ No
Site Layout		
Lays out building locations	☐ Yes	☐ No
Prepares building site	☐ Yes	☐ No
Applies excavation and shoring practices	☐ Yes	☐ No
Concrete Formwork		
Uses concrete types, materials, additives and treatments	☐ Yes	☐ No
Builds footing and vertical formwork	☐ Yes	☐ No
Selects concrete forming systems	☐ Yes	☐ No
Builds slab-on-grade forms and suspended slab forms	☐ Yes	☐ No
Installs reinforcement and embedded items	☐ Yes	☐ No
Builds concrete stair forms	☐ Yes	☐ No
Places and finishes concrete	☐ Yes	☐ No
Installs specialized formwork	☐ Yes	☐ No
Wood Frame Construction		
Describes wood frame construction	☐ Yes	☐ No
Selects framing materials	☐ Yes	☐ No
Builds floor systems	☐ Yes	☐ No
Builds wall systems	☐ Yes	☐ No
Builds stair systems	☐ Yes	☐ No

Supervisor must enter name and initials on every page of this form

Supervisor First and Last Name (Please Print):	
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JOB TASKS (46)	SUPERVISOR DECLARATION RESPONSE	
Builds roof systems	☐ Yes	☐ No
Builds specialized framing systems	☐ Yes	☐ No
Performs renovations and additions	☐ Yes	☐ No
Builds timber and engineered wood construction	☐ Yes	☐ No
Builds decks and exterior structures	☐ Yes	☐ No
Finishing Materials		
Installs doors and hardware	☐ Yes	☐ No
Installs windows and hardware	☐ Yes	☐ No
Installs exterior finishes	☐ Yes	☐ No
Installs interior finishes	☐ Yes	☐ No
Installs cabinets	☐ Yes	☐ No
Describes roofing materials	☐ Yes	☐ No
Installs interior floor, ceiling and wall systems	☐ Yes	☐ No
Building Science		
Controls the forces acting on a building	☐ Yes	☐ No
Controls heat and sound transmission	☐ Yes	☐ No
Controls air and moisture movement in buildings	☐ 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: