

## CONCRETE FINISHER EMPLOYER DECLARATION OF WORK EXPERIENCE

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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.

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 4,860 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:

### 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:					
Mailing Address:		City:			
Province/ State:	Country:	Postal Code/ Zip Code:			
Business Phone Number: ( )	Website:				

#### Enter the dates and number of hours for this period of employment.

		Total Number Hours of <b>Concrete Finisher</b> Experience Accumulated in that Period:	
From:	To:		
Job Title of Applicant:			

#### Enter the supervisor and applicant names (repeat on every page of this form)

Supervisor First and Last Name:	Applicant First and Last Name:



## EMPLOYER DECLARATION

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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.

Firs	t and Last Name of Applicant's Direct Supervis	or:	Supervisor Position or Title:
Sup (	ervisor's Phone Number: )		Supervisor E-Mail Address:
Lan	guage(s) that the employer/supervisor can con	municate: (check a	that apply)
	English	Other (please sp	ecify):

### 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 (57)	Declar Respo	
PERFORM SAFETY-RELATED FUNCTIONS	Yes:	
Use personal protective equipment (PPE) and safety equipment	No:	
Maintain safe work environment	Yes:	
	No:	
USE TOOLS AND EQUIPMENT	Yes:	
Use hand tools	No:	
Use power tools	Yes:	
	No:	
Use measuring equipment	Yes:	
	No:	
ORGANIZE WORK	Yes:	
Use documentation	No:	
Determine material requirements and quantities	Yes:	
	No:	
Sequence work procedures	Yes:	
	No:	
USE COMMUNICATION AND MENTORING TECHNIQUES	Yes:	
Use communication techniques	No:	
Use mentoring techniques	Yes:	
	No:	

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Supervisor First and Last Name:

Applicant First and Last Name:



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Job Tasks (57)		aration ponse
PREPARE SITE	Yes:	
Inspect site	No:	
Prepare sub-grade and elevations	Yes: No:	
USE FORMWORK	Yes:	
Construct concrete formwork	No:	
Install reinforcements	Yes:	
	No:	
Inspect formwork and reinforcement	Yes:	
-	No:	
Install construction, isolation and expansion joints	Yes:	
	No:	
Remove forms	Yes:	
	No:	
PLACE CONCRETE	Yes:	
Transport concrete on site	No:	
Spread concrete	Yes:	
•	No:	
Consolidate concrete	Yes:	
	No:	
Place concrete in vertical formwork	Yes:	
	No:	
LEVEL CONCRETE	Yes:	
Establish elevation	No:	
Screed concrete	Yes:	
	No:	
Bull float concrete	Yes:	
	No:	
FLOAT CONCRETE	Yes:	
Float concrete by hand	No:	
Float concrete by machine	Yes:	
	No:	

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Supervisor First and Last Name: Applicant First and Last Name:



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Job Tasks (57)		ration onse
HAND TOOL CONCRETE Edge perimeter of slab	Yes: No:	
Finish extruded concrete surfaces	Yes: No:	
Tool contraction joints	Yes: No:	
TROWEL CONCRETE Trowel concrete by hand	Yes: No:	
Trowel concrete by machine	Yes: No:	
APPLY SURFACE TREATMENTS TO CONCRETE Apply dry shake aggregate surface hardeners	Yes: No:	
Apply exposed aggregate finish	Yes: No:	
Texture concrete surface	Yes: No:	
Apply stamped concrete surface finish	Yes: No:	
Apply evaporation reducers	Yes: No:	
CURE CONCRETE Wet-cure concrete	Yes: No:	
Chemical cure concrete	Yes: No:	
CREATE CONTRACTION JOINTS Saw cut contraction joints	Yes: No:	
Fill joints	Yes: No:	
PROTECT CONCRETE Protect plastic concrete	Yes: No:	
Protect hardened concrete	Yes: No:	

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Job Tasks (57)		Declaration Response	
	RESTORE CONCRETE	Yes:	
Insp	ect concrete	No:	
Rem	ove materials	Yes:	
		No:	
Prep	are surface for repair or restoration	Yes:	
		No:	
Insta	all repair materials	Yes:	
		No:	
	ACE TREATMENT TO HARDENED CONCRETE are surface for surface treatments	Yes:	
пер		No:	
Abra	de surface to achieve architectural finish	Yes:	
		No:	
Appl	y seamless systems	Yes:	
		No:	
Appl	y bonded and non-bonded toppings to concrete	Yes:	
		No:	
Parg	e vertical surfaces	Yes:	
		No:	
Appl	y chemical surface treatment	Yes:	
		No:	
GROUT Pren	are surface for grouting	Yes:	
itop		No:	
Insta	all grout	Yes:	
		No:	
Finis	sh exposed grout surface	Yes:	
		No:	
	JTTING AND CORING orm cutting	Yes:	
1 0110		No:	
Perfo	orm coring	Yes:	
		No:	

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### E. Supervisor Signature

I certify that the information I, as the current or former direct supervisor of the applicant, have provided is 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 name (Please Print):	Supervisor Signature:	Date Signed: (MM/DD/YYYY)

Enter the supervisor and applicant names (repeat on every page of this form)

Supervisor First and Last Name: Applicant First and Last Name: