CONSTRUCTION CRAFT WORKER (LABOURER)

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.

A "Construction Craft Worker (Labourer)" works mostly on construction sites in residential, institutional, commercial, and industrial settings, including pipelines, utilities, hydroelectric dams, roadways, bridges, tunnels, shipyards, mining and railways. Construction Craft Worker (Labourer) tasks include site preparation and cleanup, setting up and removing access equipment, and assisting on concrete, masonry, steel, wood and pre-cast erection projects. They handle materials and equipment and perform demolition, excavation and compaction activities. They may also perform site safety and security checks.

To qualify to challenge certification in this trade, individuals must have:

- worked a minimum of **6,000 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:		
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 **Construction Craft Worker (Labourer)** Experience Accumulated in Period:
Job Title of Applicant:	

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) ☐ 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 (43)	SUPERVISOR DECLARATION RESPONSE	
Uses Safe Work Practices		
Manages workplace hazards	☐ Yes	☐ No
Applies OHS Regulations and WorkSafeBC Standards	☐ Yes	☐ No
Uses fall protection systems and equipment	☐ Yes	☐ No
Uses personal protective equipment	☐ Yes	☐ No
Uses fires safety procedures	☐ Yes	☐ No
Uses safety committees	☐ Yes	☐ No
Performs safety watch	☐ Yes	☐ No
Organizes Work		
Uses documentation, blueprints and specifications	☐ Yes	☐ No
Communicates with others	☐ Yes	☐ No
Uses basic trade math	☐ 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:

SKILLED TRADES BC

CONSTRUCTION CRAFT WORKER (LABOURER)

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

JOB TASKS (43)	SUPERVISOR DECLARATION RESPONSE	
Uses Tools And Equipment		
Uses hand tools	☐ Yes	☐ No
Uses power tools	☐ Yes	☐ No
Uses powder-actuated tools	☐ Yes	☐ No
Uses rigging and hoisting equipment	☐ Yes	☐ No
Uses portable equipment	☐ Yes	☐ No
Uses mobile equipment	☐ Yes	☐ No
Uses sandblasters	☐ Yes	☐ No
Uses packers	☐ Yes	☐ No
Performs Routine Trade Activities		
Installs permanent and temporary fencing	☐ Yes	☐ No
Erects and dismantles hoarding/enclosures	☐ Yes	☐ No
Performs traffic control	☐ Yes	☐ No
Establishes grades and elevations	☐ Yes	☐ No
Handles materials	☐ Yes	☐ No
Installs membranes	☐ Yes	☐ No
Installs insulating materials	☐ Yes	☐ No
Performs Site Work		
Prepares site	☐ Yes	☐ No
Performs groundwork	☐ Yes	☐ No
Performs demolition	☐ Yes	☐ No
Applies excavation and shoring	☐ Yes	☐ No
Services site	☐ Yes	☐ No
Uses Scaffolding And Access Equipment		
Uses scaffolding 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:

SKILLED TRADES BC

CONSTRUCTION CRAFT WORKER (LABOURER)

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

JOB TASKS (43)	SUPERVISOR DECLARATION RESPONSE	
Uses access equipment	☐ Yes	☐ No
Performs Concrete Work		
Forms concrete	☐ Yes	☐ No
Places and finishes concrete	☐ Yes	☐ No
Modifies concrete	☐ Yes	☐ No
Installs grout, epoxies and caulking	☐ Yes	☐ No
Performs Masonry Work		
Prepares masonry work	☐ Yes	☐ No
Tends to bricklayers	☐ Yes	☐ No
Performs Utilities And Pipeline Tasks		
Installs utility piping	☐ Yes	☐ No
Performs pipeline activities	☐ Yes	☐ No
Performs pipeline maintenance	☐ Yes	☐ No
Performs Roadwork		
Installs paving materials	☐ Yes	☐ No
Installs roadwork components	☐ 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: