CONSTRUCTION CRAFT WORKER (LABOURER)

STATUTORY 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 during which you were self-employed, or a previous employer will not complete an Employer Declaration.

Note: Unless your work experience was gained through self-employment, applications must be accompanied by at least one Employer Declaration. 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

Legal First Name:	Legal Middle Name(s):	Legal Last Name:

B. Self-Employment or Employment Information of Applicant

Enter the contact information for your own business if you are self-employed or your previous employer who will not complete an Employer Declaration.

Name of Organization/Employer/Business:		Business Registration Number: (Self-Employment only)
Business Address (Street Name/Number, Building/Unit Number):		City:
Province/ State:	Country:	Postal Code/ Zip Code:
Business Phone Number: ( )	Email Address:	Website:

Enter the dates and number of hours for this period of employment or self-employment. You may combine multiple periods of self-employment on one form, but you must separate periods of employment with different employers on separate forms.

Dates of Employment (MM/DD/YYYY): From: To:	Total Number Hours of **Construction Craft Worker** Experience Accumulated in Period:
Job Title of Applicant:	

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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 (43)	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

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 (43)	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
Uses access equipment	☐ Yes	☐ No
Performs Concrete Work		
Forms concrete	☐ Yes	☐ No

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JOB TASKS (43)	DECLARATION RESPONSE	
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. 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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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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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: ☐ Former Employee ☐ Co-worker ☐ Contractor ☐ Client ☐ Supplier ☐ Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:			
First and Last Name of Reference:	Language(s) that reference can communicate: (Check all that apply) ☐ English ☐ Other (specify):		
Organization/Business Name:		Position/Title:	
Phone Number:		Email Address:	

2. Reference

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

3. Reference

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

Enter the applicant's initials on every page of this form

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