

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 (70)	DECLARATION RESPONSE	
PERFORMS COMMON OCCUPATIONAL SKILLS		
Maintains Safe And Healthy Workplace		
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
Participates in healthy and respectful work environment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses And Maintains Tools And Equipment		
Uses hand tools and measuring equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses power tools	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses bending tools and equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses powder-actuated tools	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses mobile elevating work platforms (MEWP)	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 (70)	DECLARATION RESPONSE	
Uses material handling equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses ladders	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses scaffolding	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses surveying equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses welding equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses mechanical cutting equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses thermal cutting equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Organizes Work		
Organizes materials and supplies	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs layout	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses drawings and documentation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Plans tasks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains Continuous Learning		
Upskills in new trade practices and procedures	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Upskills in emerging technologies	<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 RIGGING, HOISTING AND POSITIONING, AND MOBILIZATION, ERECTION, AND DEMOBILIZATION OF CRANES		
Plans Lift		
Assesses load	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs pre-lift analysis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Selects rigging, hoisting and positioning equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Secures lift area	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rigs, Hoists And Positions Load		
Inspects rigging, hoisting and positioning equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Assembles rigging, hoisting and positioning equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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JOB TASKS (70)	DECLARATION RESPONSE	
Attaches rigging equipment to load	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs hoisting and positioning operations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Secures load before rigging removal	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs Post-Lift Activities		
Conducts post-lift inspection	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Disassembles rigging, hoisting and positioning equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains rigging, hoisting and positioning equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs Mobilization, Erection And Demobilization Of Cranes		
Mobilizes telescopic boom cranes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Erects lattice boom cranes, tower cranes, derricks and components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs demobilization and disassembly of cranes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
FABRICATES AND INSTALLS REINFORCING MATERIAL		
Fabricates Reinforcing Materials On-Site		
Cuts reinforcing materials	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bends reinforcing materials	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs Reinforcing Materials		
Places reinforcing materials	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ties reinforcing materials	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Splices reinforcing materials	<input type="checkbox"/> Yes	<input type="checkbox"/> No
PERFORMS PRE-STRESSING/POST-TENSIONING		
Places Pre-Stressed/Post-Tensioning Systems		
Lays out profile	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Places tendons and accessories	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs bursting steel and anchorages	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Connects tendons to anchorages	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Protects exposed tendons	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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JOB TASKS (70)	DECLARATION RESPONSE	
Stresses Tendons		
Sets up stressing equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tensions tendons	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cuts and caps tendons	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Removes stressing equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
De-stresses tendons	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Grouts Tendons		
Sets up grouting equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs grout	<input type="checkbox"/> Yes	<input type="checkbox"/> No
PERFORMS ERECTION, ASSEMBLY AND INSTALLATION		
Installs Primary And Secondary Structural Members		
Uses falsework	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Attaches structural members	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Levels, plumbs and aligns structural members	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Completes installation of structural members	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs Ornamental, Miscellaneous, And Steel Cladding Systems & Components		
Installs curtain walls and window walls	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs miscellaneous components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs steel cladding, and building envelope systems and components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs Conveyors, Machinery and Equipment		
Installs material handling systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs alignment and commissioning of material handling systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
PERFORMS MAINTENANCE AND UPGRADING		
Decommissions, Disassembles And Removes Structural, Ornamental, Mechanical And Miscellaneous Components		
Ensures decommissioning of structure and components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Disassembles structural, ornamental, mechanical and miscellaneous components	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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IRONWORKER (GENERALIST)

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

JOB TASKS (70)	DECLARATION RESPONSE	
Maintains And Repairs Components		
Assesses current condition of components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs repairs, revisions and reinforcing of components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Replaces components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs preventative maintenance	<input type="checkbox"/> Yes	<input type="checkbox"/> 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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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: <input type="checkbox"/> Former Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Supplier <input type="checkbox"/> Co-worker <input type="checkbox"/> Client <input type="checkbox"/> Other (i.e. HR; Bookkeeper; Accountant, Business Partner) please specify:		
First and Last Name of Reference:	Language(s) that reference can communicate: (Check all that apply) <input type="checkbox"/> English <input type="checkbox"/> Other (specify):	
Organization/Business Name:	Position/Title:	
Phone Number:	Email Address:	

2. Reference

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

3. Reference

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

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