

#### IRONWORKER (REINFORCING)

## 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

Legal Last Name:

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.

Legal Middle Name(s):

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.

"Ironworker (Reinforcing)" means a person who places and secures rebar in formwork. They work on foundations, walls, slabs, and may prefabricate columns and zones. They also carry, cut, sort and site bend rebar and other materials used in reinforcing various concrete structures.

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 **4,770 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:

Enter the name of the individual for whom this form is being completed.

B. Employment Infor	mation of Applicant			
Enter the business information for	or the applicant's period of emp	loyment declared for this tra	de.	
Name of Organization/Employe	er/Business:			
Business Address (Street Name/Number, Building/Unit Number):		ber):	City:	
Province/ State:	Country:		Postal Code/ Zip Code:	
Business Phone Number:	Website:			
Enter the dates and number of h	nours for this period of employ	ment.		
Dates of Applicant's Employment (MM/DD/YYYY):			Total Number Hours of <b>Ironworker (Reinforcing)</b> Experience Accumulated in Period:	
From:	To:	7 iccumulated III i Ci		
x 1 mm CA				
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: (c	check all that apply)				
English Other (please specify):					
D. Supervisor Declaration of Job Task Perform	nance of Applicant				
By checking "Yes" or "No" in the Declaration Response column, inc personally witnessed the applicant performing the job tasks listed.	dicate whether you, as the direct superviso	or of the applican	ıt, have		
JOB TASKS (21)		SUPERVISOR DECLARATION RESPONSE			
Use Safe Work Practices					
Interpretation and comprehension of OH&S regulations and	WorkSafeBC standards	☐ Yes	☐ No		
Working in or around confined spaces			☐ No		
Use of fall protection, fall arrest and work positioning equipment maintenance					
Use of PPE (Personal Protective Equipment)			□ No		
Control of workplace hazards such as slip/trip, fire, etc.			☐ No		
Use Tools & Equipment					
Use of hand tools (pliers, side cutters, hickeys etc.)		☐ Yes	☐ No		
Use of measurement and layout tools such as measuring tapes, string lines, spirit levels, etc.			□ No		
Use of power tools such as hydraulic and electric rebar benders and shears as well as gas cut off saws and oxy/acetylene torches used for cutting reinforcing materials			□ No		
Organize Work					
Use of trades math to work out dimensions, weights, spacing in Metric and Imperial units			☐ No		
Interpretation of structural drawings, details and specifications for placing reinforcing materials			☐ 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.			itials:		



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JOB TASKS (21)		SUPERVISOR DECLARATION RESPONSE			
Use of trades language and non-verbal communication	☐ Yes	☐ No			
Packing and handling of materials		☐ No			
Use Rigging, Hoisting & Lifting Equipment					
Selection and use of rigging based on sling configuration and capacities as well as identifying and rectifying unsafe rigging and rigging practices		☐ No			
Use of knots and fiber rigging for attachment to bundles and pre-fabricated members for the purpose of load control		☐ No			
Use of rigging accessories such as snatch blocks and shackles	☐ Yes	☐ No			
Apply Crane Work Procedures					
Working with cranes for hoisting bundles and pre-fabricated members as well as setup and takedown of mobile cranes		☐ No			
Apply Reinforcing Techniques					
Fabrication of rebar (cutting and bending of stock lengths) and pre fabrication of members (columns, zones, beams, etc.)	☐ Yes	☐ No			
Laying out, marking and placing of reinforcing steel in slabs, walls and beams	☐ Yes	☐ No			
Apply Pre-Stressing/Post-Tensioning Techniques					
Installation of mono strand un-bonded post tensioning tendons and their accessories	☐ Yes	☐ No			
Installation of mono and multi strand bonded post tensioning tendons and their accessories	☐ Yes	☐ No			
Installation of grout in bonded post tensioned systems.	☐ 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 In	itials:			