



# MACHINIST

## 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

### 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**. If sufficient evidence of steps taken is not provided, the application may not be approved.

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### 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 (8)	Declaration Response
<b>OCCUPATIONAL SKILLS</b> Using tools and equipment; organizing work; processing material; and maintaining machines	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>BENCH WORK</b> Performing hand processes; and refurbishing components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>DRILL PRESSES</b> Setting up and operating drill presses.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>LATHES</b> Setting up and operating manual lathes.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>MILLS</b> Setting up and operating manual milling machines.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>SAWS</b> Setting up and operating power saws.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>GRINDERS</b> Setting up and operating grinders.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

*Enter the applicant name (repeat on every page of this form)*

Legal First Name:	Legal Middle Name(s):	Legal Last Name:
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Job Tasks (8)	Declaration Response
<b>COMPUTER NUMERICAL CONTROL (CNC) MACHINES</b> Performing basic CNC programming; and setting up and operating CNC machines to a maximum of 40% of the required trade related work experience hours	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

## E. Applicant Signature

I certify that the information I 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.)

Applicant Name (please print):	Applicant Signature:	Date: (MM/DD/YYYY)
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*Enter the applicant name (repeat on every page of this form)*

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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; Book keeper; 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; Book keeper; 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; Book keeper; 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:	

*Enter the applicant name (repeat on every page of this form)*

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