

EMPLOYER DECLARATION OF WORK EXPERIENCE

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)	
<input type="checkbox"/> English <input type="checkbox"/> 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 (27)	SUPERVISOR DECLARATION RESPONSE	
Trade Safety		
Uses Personal Protective Equipment (PPE)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Practices Safe Working Procedures	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Broadband RF Systems and Components		
Describes RF Signal Distribution Systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describes Television Systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Applies Decibel Theory and Mathematics	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describes Broadband Communications Architecture	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describes Broadband System Amplifiers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Interprets Broadband RF System Designs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describes Components of Subscriber Installations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describes Structured Cabling Systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describes Transmission Systems and Components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Broadband System Construction, Installation and Upgrade		
Constructs Broadband Systems (Outside Plant)	<input type="checkbox"/> Yes	<input type="checkbox"/> 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:

EMPLOYER DECLARATION OF WORK EXPERIENCE

JOB TASKS (27)	SUPERVISOR DECLARATION RESPONSE	
Performs Broadband Systems Installations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintain and Repair Broadband Systems		
Uses Testing Tools and Equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs Routine and Preventative Maintenance on Broadband Systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describes Signal Leakage	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describes Digital Signal Maintenance and Repair	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Troubleshoots Modem Operation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Repairs Broadband Systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains and Repair Broadband Amplifiers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Headend		
Describes Headend and Components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains and Repair Headend	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fiber Optic Systems and Components		
Describes Fiber Optic Technologies and Components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describes Fiber-To-The-Premise (FTTP) Architecture and Components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains and Repair Fiber Optic Systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintain and Repair Broadband Powering Systems		
Maintains and Repair the Power Distribution System of a Broadband Network	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains and Repair Power Supply Systems for Broadband Networks	<input type="checkbox"/> Yes	<input type="checkbox"/> 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)
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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: