

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.

"Drywall Finisher" means a person who prepares, tapes, fills and sands all seams, corners and angles. Prepares for and applies all decorative fixtures.

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 **6,750 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 Information | on of Applicant | | |
|--|---------------------------------------|--|--|
| Enter the business information for the a | pplicant's period of employment decla | red for this trade. | |
| Name of Organization/Employer/Busi | iness: | | |
| | | | |
| Business Address (Street Name/Number, Building/Unit Number): | | City: | |
| | | | |
| Province/ State: | Country: | Postal Code/ Zip Code: | |
| Business Phone Number: | Website: | | |
| Enter the dates and number of hours f | or this period of employment | | |
| | | | |
| Dates of Applicant's Employment (MM/DD/YYYY): From: To: | | Total Number Hours of Dry Wall Finisher Experience Accumulated in Period: | |
| 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: (check all that apply) | | | | | | |
| ☐ English ☐ Other (please specify): | | | | | | |
| | | | | | | |
| D. Supervisor Declaration of Job Task Performs | ance 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 (41) | | SUPERVISOR DECLARATION RESPONSE | | | | |
| Use Safe Work Practices | | | | | | |
| Locate OSH regulations & WCB standards | | ☐ Yes | ☐ No | | | |
| Use WHMIS | | ☐ Yes | ☐ No | | | |
| Use fire safety procedures | | ☐ Yes | ☐ No | | | |
| Use first aid Level 1 certification | | ☐ Yes | ☐ No | | | |
| Use Tools and Equipment | | | | | | |
| Use of hand tools | | ☐ Yes | ☐ No | | | |
| Use of power tools | | ☐ Yes | ☐ No | | | |
| Use of stilts | | ☐ Yes | ☐ No | | | |
| Use of ladders, scaffolds & lifts | | ☐ Yes | ☐ No | | | |
| Use of mechanical taping & finishing tools | | ☐ Yes | ☐ No | | | |
| Use of texture sprayers | | ☐ Yes | ☐ 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 supervisor of the applicant (as named on page 1 of this document | Supervisor's Initials: | | | | | |



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| JOB TASKS (41) | | SUPERVISOR DECLARATION RESPONSE | |
|--|-----------------|---------------------------------------|--|
| Organize Work | | | |
| Use of trade mathematics | ☐ Yes | ☐ No | |
| Read drawings and interpret drawing specifications | ☐ Yes | ☐ No | |
| Plan Projects | ☐ Yes | ☐ No | |
| Prepare job sites | ☐ Yes | ☐ No | |
| Use codes and regulation | ☐ Yes | ☐ No | |
| Use manufacturer and supplier documentation | ☐ Yes | ☐ No | |
| Identify mould | ☐ Yes | ☐ No | |
| Install Beads and Trim | | | |
| Prepare areas for beading | ☐ Yes | ☐ No | |
| Attach beads and trim | ☐ Yes | ☐ No | |
| Apply Tape | | | |
| Prepare walls for taping | ☐ Yes | ☐ No | |
| Select tape | ☐ Yes | ☐ No | |
| Apply tape by hand | ☐ Yes | ☐ No | |
| Apply tape by machine | ☐ Yes | ☐ No | |
| Fill Drywall | | | |
| Select filling compounds | ☐ Yes | ☐ No | |
| Mix compounds | ☐ Yes | ☐ No | |
| Apply filler by hand | Yes | ☐ No | |
| Apply filler by machine | ☐ Yes | ☐ No | |
| Finish fillers | ☐ Yes | ☐ No | |
| Resolve filler problems | ☐ Yes | ☐ No | |
| Supervisor must enter name and initials on every page of this form | <u> 1</u> | | |
| 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: | |



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| JOB TASKS (41) | | SUPERVISOR DECLARATION RESPONSE | |
|---|-------------------------|---------------------------------------|--|
| Use fast-set materials | ☐ Yes | ☐ No | |
| Applying level 5 finish | ☐ Yes | ☐ No | |
| Apply Texturing | | | |
| Select texture materials | ☐ Yes | ☐ No | |
| Seal and prime surfaces | ☐ Yes | ☐ No | |
| Apply hand textures | ☐ Yes | ☐ No | |
| Apply machine textures | | □ No | |
| Apply specialty layout patterns | | | |
| Repair Surfaces | | | |
| Repair drywall | Yes | ☐ No | |
| Troubleshoot and repair problems | | | |
| Use stains | | | |
| Repair plaster | ☐ Yes | □ No | |
| textured surfaces | ☐ Yes | □ No | |
| E. Supervisor Signature I certify that the information I, as the current or former direct supervisor of the applicant, have p Collection and protection of personal information on this form is in accordance with the provision Protection of Privacy Act.) | | | |
| Supervisor Signature: | Date Signed: (| 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 curren supervisor of the applicant (as named on page 1 of this document), is true and accurate. | nt or past Supervisor's | Initials: | |