

DRYWALL FINISHER AND PLASTERER

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
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.

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 and plasterers prepare surfaces, tape, and finish drywall. They apply, maintain, and restore drywall and similar materials on interior and exterior walls, ceilings, and building partitions to make them more decorative, soundproof, and fire-rated. They apply tape to fire-rate and gas-proof walls and prevent drafts. They install beads to protect corners, fill joints, and imperfections, mix and apply compound, and sand to create a smooth surface for paint and other finishes.

Drywall finisher and plasterers may repair or restore plastered surfaces and textured drywall. They may also repair and restore mouldings.

Drywall finisher and plasterers work in the construction industry, largely in the institutional, commercial, industrial, and residential sectors. They may be employed by wall and ceiling contractors or be self-employed.

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 **7,560 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

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

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

B. Employment Information of Applicant

Enter the business information for the applicant's period of employment declared for this trade.

Name of Organization/Employer/Business:		
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 for this period of employment.

Dates of Applicant's Employment (MM/DD/YYYY):		Total Number Hours of Drywall Finisher and Plasterer Experience Accumulated in Period:
From:	To:	
Job Title of Applicant:		

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 (40)	SUPERVISOR DECLARATION RESPONSE	
COMMON OCCUPATIONAL SKILLS		
Performs safety-related functions		
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
Uses and maintains tools and equipment		
Uses access equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses lifting equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains tools and equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs common work practices and procedures		
Handles materials	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Plans project	<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:

DRYWALL FINISHER AND PLASTERER

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
customerservice@skilledtradesbc.ca

JOB TASKS (40)	SUPERVISOR DECLARATION RESPONSE	
Prepares worksite	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Inspects surfaces	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mixes materials to be applied	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cleans premises after job completion	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Verifies work completed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
TAPING		
Prepares for taping		
Prepares wallboard surface	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pre-fills wallboard	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tapes wallboard		
Tapes to fire-rate (fire-proof) and gas-proof surfaces	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Embeds tape	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs beads, control joints and trim	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Applies multiple coats of compound	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Scuff-sands between coats	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Finishes wallboard		
Applies Level 5 finish	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fine-sands surfaces	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Wet-sands surfaces	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs touch-ups before priming	<input type="checkbox"/> Yes	<input type="checkbox"/> No
TEXTURING		

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:

JOB TASKS (40)	SUPERVISOR DECLARATION RESPONSE	
Prepares surfaces for texturing		
Prepares surfaces for texturing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Applies levelling coat, primer or sealers to wall and ceiling	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Textures surfaces		
Textures walls and ceilings	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Applies custom design patterns	<input type="checkbox"/> Yes	<input type="checkbox"/> No
PLASTERING, SPECIAL COATINGS AND SYSTEMS		
Applies veneer plaster systems		
Applies base coat for veneer plaster	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Applies finish coat for veneer plaster	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Applies special plaster finishes and specialty coatings		
Prepares surface for overlay applications	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Applies primer to surface	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Applies overlay applications	<input type="checkbox"/> Yes	<input type="checkbox"/> No
MOULDING		
Installs mouldings		
Finishes joints and surfaces	<input type="checkbox"/> Yes	<input type="checkbox"/> No
REPAIRS AND RESTORATION		
Troubleshoot problems		
Determines cause of problem	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Determines type of repair	<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:

DRYWALL FINISHER AND PLASTERER

**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
customerservice@skilledtradesbc.ca

JOB TASKS (40)	SUPERVISOR DECLARATION RESPONSE	
Repairs surfaces		
Seals stains	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Repairs wallboard	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Repairs plaster	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Repairs textured surfaces	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Repairs stucco	<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)
-----------------------	---------------------------

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: