

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.**

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 (40)	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

Enter the applicant’s initials on every page of this form

I hereby certify, that to the best of my knowledge, the information I am providing is true and accurate.	Applicant’s Initials:
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JOB TASKS (40)	DECLARATION RESPONSE	
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
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

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JOB TASKS (40)	DECLARATION RESPONSE	
TEXTURING		
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
Repairs surfaces		

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JOB TASKS (40)	DECLARATION RESPONSE	
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. Applicant Signature

I certify that the information I 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.)

Applicant Name (please print):	Applicant Signature:	Date: (MM/DD/YYYY)
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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; Bookkeeper; 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; Bookkeeper; 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; Bookkeeper; 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:	

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