

**LOCKSMITH
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 (32)	SUPERVISOR DECLARATION RESPONSE	
Uses Safe Work practices		
Demonstrates workplace safety	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses WHMIS	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Practices Fire Prevention	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Organizes Work		
Explains the locksmith trade	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Interprets blueprints	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Applies codes and regulations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs material handling	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs customer sales and services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs security consultation	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Enter the supervisor’s name and initials (repeat 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:

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JOB TASKS (32)	SUPERVISOR DECLARATION RESPONSE	
Uses Tools and Equipment		
Uses hand tools	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses power tools	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses key-cutting equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can describe welding	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Creates Keys		
Duplicates keys	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Originates keys	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs and Services Locks		
Installs, repairs and services locks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can open secured entry	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs and services high security hardware	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Services automotive locks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs and services safes, vaults and safe deposit boxes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs Hardware		
Repairs doors and frames	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs door closers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs panic hardware	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Services other hardware	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs Electrical and Electronic Components and Hardware		
Describes electrical and electronic theory	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs access controls	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Repairs and installs electrical and electronic hardware	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Enter the supervisor's name and initials (repeat 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:

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JOB TASKS (32)	SUPERVISOR DECLARATION RESPONSE	
Tests and commissions electrical and electronic installations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Develops Master Key Systems		
Plans master key systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Generates bitting list and pinning charts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Masters key cylinders	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains accurate records	<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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Enter the supervisor's name and initials (repeat 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: