

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.

"Piledriver and Bridgeworker" means a person who constructs, installs, repairs or removes all types of deep piles and caisson foundations and other types of marine installations: such as bridges, docks, wharves, tunnels and bulkheads. Skills required are fitting welding, rigging, form-work and timber/concrete construction, seamanship, heavy-duty equipment operation and environmentally safe practices.

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 **5,400 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:

From:

Job Title of Applicant:

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

To:

B. Employment Information	n of Applicant						
Enter the business information for the applicant's period of employment declared for this trade.							
Name of Organization/Employer/Busin	ness:						
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 fo	or this period of employment.						
Dates of Applicant's Employment (MM/DD/YYYY):		Total Number Hours of Piledriver and Bridgeworker Experience					

Accumulated in Period:



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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	e specify):		
D. Supervisor Declaration of Job Task Perfor	mance of Applicant		
By checking "Yes" or "No" in the Declaration Response column, personally witnessed the applicant performing the job tasks listed		or of the applicar	ıt, have
JOB TASKS (66)		SUPERVISOR DECLARATION RESPONSE	
Applies Safe Work Practices			
Applies site safety practices		☐ Yes	☐ No
Applies personal safety practices		☐ Yes	☐ No
Uses workplace hazardous material information system (W	/HMIS)	☐ Yes	☐ No
Uses fire safety procedures		☐ Yes	☐ No
Works safely with pile driving equipment		☐ Yes	☐ No
Works safely with marine equipment		☐ Yes	☐ No
Uses confined space entry procedures		☐ Yes	☐ No
Prevents environmental damage		Yes	☐ No
Uses Documentation and Organizational Skills			
Uses construction drawings and specifications		☐ Yes	☐ No
Interprets building codes and bylaws		Yes	☐ No
Uses trade related math		Yes	☐ No
Uses trade related science		☐ Yes	☐ No
Supervisor must enter name and initials on every page of this for	m		
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 In	itials:

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JOB TASKS (66)		SUPERVISOR DECLARATION RESPONSE	
Interprets contracts and specifications	☐ Yes	☐ No	
Uses Tools and Equipment			
Uses hand tools	☐ Yes	☐ No	
Uses portable power tools and equipment	☐ Yes	☐ No	
Uses shop equipment	Yes	☐ No	
Uses oxyfuel cutting equipment	Yes	□ No	
Uses shielded metal arc welding (SMAW) equipment	☐ Yes	No	
Uses and maintains specialized tools for timber construction	— ∏ Yes	 □ No	
Uses Survey Instruments and Other Levelling and Measuring Techniques	_		
Uses levelling instruments and equipment	Yes	☐ No	
Uses levelling and measuring techniques	Yes	□ No	
Uses site layout equipment	☐ Yes	 No	
Uses Access, Rigging and Hoisting Equipment	_		
Uses ladders, scaffolds and access equipment	☐ Yes	□ No	
Uses rigging and hoisting equipment	Yes	□ No	
Uses hoisting equipment and rigging techniques	 ☐ Yes	No	
Assembles and disassemble cranes	☐ Yes	 □ No	
Uses support equipment	☐ Yes	 □ No	
Performs Site Layout			
Layouts bridge abutment and pier locations	☐ Yes	□ No	
Prepares job site	☐ Yes	No	
Layouts a foundation piling project	☐ Yes	 ☐ No	
Layouts a marine project	☐ Yes	□ No	
Applies excavation and shoring practices	☐ 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 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 (66)		SUPERVISOR DECLARATION RESPONSE	
Builds Concrete Formwork			
Uses concrete types, materials, additives and treatments		☐ No	
Builds footing and vertical formwork		☐ No	
Selects and build concrete formwork systems	☐ Yes	☐ No	
Builds slab-on-grade forms and suspended slab forms		☐ No	
Installs reinforcement and embedded items	☐ Yes	☐ No	
Places and finish concrete	☐ Yes	☐ No	
Installs specialized formwork	☐ Yes	☐ No	
Installs pre-cast and pre-stressed concrete	☐ Yes	☐ No	
Installs construction and expansion joints	☐ Yes	☐ No	
Maintains and repairs concrete structures	☐ Yes	☐ No	
Describes the Piledriver and Bridgeworker Trade			
Identifies tasks performed by piledrivers and bridgeworkers	☐ Yes	☐ No	
Describes types of bridges	Yes	☐ No	
Describes types of marine structures	Yes	☐ No	
Describes exclusion and retaining structures	Yes	☐ No	
Uses Marine Work Procedures			
Follows navigation rules	☐ Yes	☐ No	
Uses moving and positioning vessels	Yes	☐ No	
Interprets tide tables and marine charts	Yes	☐ No	
Builds Exclusion and Retention Structures	_		
Describes exclusion and retention structures	☐ Yes	□ No	
Builds cofferdams	— Yes	— No	
Builds bulkheads	Yes	No	
Supervisor must enter name and initials on every page of this form			
Supervisor First and Last Name (Please Print):			
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JOB TASKS (66)		SUPERVISOR DECLARATION RESPONSE	
Builds tieback walls	☐ Yes	☐ No	
Uses Pile and Foundation Procedures			
Describes the properties and testing of soils		☐ No	
Uses unique installation and soil improvement techniques		☐ No	
Describes types of piles and deep foundations		☐ No	
Installs and erect piles		☐ No	
Uses piledriving equipment		☐ No	
Describes the design, testing and inspection of piles		☐ No	
Uses load testing procedures	Yes	☐ No	
Uses pile and foundation repair and maintenance procedures		☐ No	
Builds with Timber and Steel			
Builds with timber	☐ Yes	☐ No	
Builds with structural steel	Yes	☐ No	
Installs, Repairs and Maintains Bridges, Ramps and Marine Structures			
Repairs and maintains bridge decks and components	☐ Yes	☐ No	
Repairs and maintains bridge and ramp bearings	Yes	☐ No	
Assembles and launch bridges and girders.	☐ Yes	☐ 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: (MI	M/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 In	itials:	