



April 2025

WINDER ELECTRICIAN

STATUTORY 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

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 (12)	DECLARATION RESPONSE	
Technical Occupational Skills And Procedures		
Uses tools safely and skillfully	☐ Yes	☐ No
Performs welding, brazing, and soldering operations	☐ Yes	☐ No
Performs occupational related functions	☐ Yes	☐ No
Assesses systems and equipment	☐ Yes	☐ No
Checks mechanical, electrical, and electronic components and systems	☐ Yes	☐ No
Repairs defective mechanical, electrical, and electronic part(s)/components	☐ Yes	☐ No
Checks for correct system operation	☐ Yes	☐ 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 (12)	DECLARATION RESPONSE	
Tests systems and equipment	☐ Yes	☐ No
Documents work in progress	☐ Yes	☐ No
Rotating Equipment		
Reconditions and repairs of rotating equipment	☐ Yes	☐ No
Stationary Equipment		
Checks and repairs stationary equipment	☐ Yes	☐ No
Assembles electrical/electronic control panel	☐ Yes	☐ 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: ☐ Former Employee ☐ Contractor ☐ Supplier ☐ Co-worker ☐ Client ☐ Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:		
First and Last Name of Reference:	Language(s) that reference can communicate: (Check all that apply) ☐ English ☐ Other (specify):	
Organization/Business Name:	Position/Title:	
Phone Number:	Email Address:	

2. Reference

Relationship to Applicant: ☐ Former Employee ☐ Contractor ☐ Supplier ☐ Co-worker ☐ Client ☐ Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:		
First and Last Name of Reference:	Language(s) that reference can communicate: (Check all that apply) ☐ English ☐ Other (specify):	
Organization/Business Name:	Position/Title:	
Phone Number:	Email Address:	

3. Reference

Relationship to Applicant: ☐ Former Employee ☐ Contractor ☐ Supplier ☐ Co-worker ☐ Client ☐ Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:		
First and Last Name of Reference:	Language(s) that reference can communicate: (Check all that apply) ☐ English ☐ Other (specify):	
Organization/Business Name:	Position/Title:	
Phone Number:	Email Address:	

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

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