



### D. Supervisor Declaration of Job Task Performance

By checking “Yes” or “No” in the Declaration Response column, indicate whether or not you, as the direct supervisor of the applicant, have personally witnessed the applicant performing the job tasks listed. Cross out any job tasks you did not see the applicant perform.

Job Tasks	Declaration Response
<b>Occupational Skills</b> Includes: Planning work activities; using hand and portable power tools; maintaining machines and equipment; building prototypes; working on job site.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Machining</b> Includes: Machining components using stationary woodworking machines; and machining components using automated equipment.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Forming and Laminating</b> Includes: Bending wood and related materials; and laminating wood and related materials.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Veneers and Laminates</b> Includes: Applying veneers and inlays, laminated materials, solid surfaces, and edge treatment.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Assembly</b> Includes: Assembling cabinets, furniture, and architectural woodwork/millwork products.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Finishing and Restoration</b> Includes: Preparing and applying finishing materials, and restoring woodwork.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

### E. Confirmation of Prerequisite Credentials or Certificates

For some trades, evidence that the applicant has earned prerequisite credentials or certificates is required before the individual is permitted to challenge certification or receive Supervision and Sign-Off Authority. For those trades, a current or previous employer must verify that the applicant has the required prerequisite credentials.

There are no prerequisite credentials or certificates for this trade.

*Enter the Supervisor and Applicant names from Page 1 on every page of this form*

Supervisor First and Last Name:	Applicant First and Last Name:
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**CABINET MAKER (JOINER)**  
**EMPLOYER DECLARATION  
OF WORK EXPERIENCE**

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**F. Supervisor Signature**

I certify that the information I, as the current or former direct supervisor of the applicant, have provided is 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 name (Please Print):	Supervisor Signature:	Date Signed: (MM/DD/YYYY)
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*Enter the Supervisor and Applicant names from Page 1 on every page of this form*

Supervisor First and Last Name:	Applicant First and Last Name:
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