

**CARPENTER
EMPLOYER DECLARATION
OF WORK EXPERIENCE**

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.

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.

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 **9,540 hours** performing the tasks listed in Section D, and
- experience performing at least **70%** of the job tasks listed in Section D

Holders of a **military certificate** in **Construction Technician MT #306 / MT #648, QL5 or higher** will be eligible to challenge this certification.

A. Applicant Name

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

Legal First Name:	Legal Middle Name(s):	Legal Last Name:
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B. Employment Information of Applicant

Enter the business information for the applicant’s period of employment declared for this trade.

Name of Organization/Employer/Business:		
Mailing Address:		City:
Province/ State:	Country:	Postal Code/ Zip Code:
Business Phone Number: ()	Website:	

Enter the dates and number of hours for this period of employment.

Dates of Applicant’s Employment (MM/DD/YYYY):		Total Number Hours of Carpenter Experience Accumulated in that Period:
From:	To:	
Job Title of Applicant:		

Enter the supervisor and applicant names (repeat on every page of this form)

Supervisor First and Last Name:	Applicant First and Last Name:
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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)	
<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 (10)	Declaration Response
Safe Work Practices Apply shop and site safety practices; apply personal safety practices	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Documentation and Organizational Skills Describe carpentry trade; use construction drawings and specifications; interpret building codes and bylaws; plan and organize work; perform trade math	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Tools and Equipment Use hand tools; use portable power tools; use stationary power tools; use oxy-fuel equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Survey Instruments and Equipment Use levelling instruments and equipment; use site layout equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Access, Rigging and Hoisting Equipment Use ladders, scaffolds and access equipment; use rigging and hoisting equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Site Layout Lay out building locations; prepare building site; apply excavation and shoring practices	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Enter the supervisor and applicant names (repeat on every page of this form)

Supervisor First and Last Name:	Applicant First and Last Name:
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Job Tasks (10)	Declaration Response
<p>Concrete Formwork</p> <p>Use concrete types, materials, additives and treatments; build footing and vertical formwork; select concrete forming systems; build slab-on-grade forms and suspended slab forms; install reinforcement and embedded items; build concrete stair forms; place and finish concrete; install specialized formwork</p>	<p>Yes: <input type="checkbox"/></p> <p>No: <input type="checkbox"/></p>
<p>Wood Frame Construction</p> <p>Describe wood frame construction; select framing materials; build floor systems; build wall systems; build stair systems; build roof systems; build specialized framing systems; perform renovations and additions; build timber and engineered wood construction; build decks and exterior structures</p>	<p>Yes: <input type="checkbox"/></p> <p>No: <input type="checkbox"/></p>
<p>Finishing Materials</p> <p>Install doors and hardware; install windows and hardware; install exterior finishes; install interior finishes; install cabinets; describe roofing materials; install interior floor, ceiling and wall systems</p>	<p>Yes: <input type="checkbox"/></p> <p>No: <input type="checkbox"/></p>
<p>Building Science</p> <p>Control the forces acting on a building; control heat and sound transmission; control air and moisture movement in buildings</p>	<p>Yes: <input type="checkbox"/></p> <p>No: <input type="checkbox"/></p>

E. 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 (repeat on every page of this form)

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