

**CONCRETE FINISHER
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 (57)	Declaration Response
PERFORM SAFETY-RELATED FUNCTIONS	
Use personal protective equipment (PPE) and safety equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Maintain safe work environment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
USE TOOLS AND EQUIPMENT	
Use hand tools	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use power tools	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use measuring equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
ORGANIZE WORK	
Use documentation	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Determine material requirements and quantities	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Sequence work procedures	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
USE COMMUNICATION AND MENTORING TECHNIQUES	
Use communication techniques	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use mentoring techniques	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 (57)	Declaration Response
PREPARE SITE	
Inspect site	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Prepare sub-grade and elevations	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
USE FORMWORK	
Construct concrete formwork	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install reinforcements	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Inspect formwork and reinforcement	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install construction, isolation and expansion joints	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Remove forms	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
PLACE CONCRETE	
Transport concrete on site	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Spread concrete	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Consolidate concrete	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Place concrete in vertical formwork	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
LEVEL CONCRETE	
Establish elevation	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Screed concrete	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Bull float concrete	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
FLOAT CONCRETE	
Float concrete by hand	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Float concrete by machine	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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HAND TOOL CONCRETE Edge perimeter of slab	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Finish extruded concrete surfaces	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Tool contraction joints	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
TROWEL CONCRETE Trowel concrete by hand	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Trowel concrete by machine	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
APPLY SURFACE TREATMENTS TO CONCRETE Apply dry shake aggregate surface hardeners	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Apply exposed aggregate finish	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Texture concrete surface	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Apply stamped concrete surface finish	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Apply evaporation reducers	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
CURE CONCRETE Wet-cure concrete	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Chemical cure concrete	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
CREATE CONTRACTION JOINTS Saw cut contraction joints	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Fill joints	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
PROTECT CONCRETE Protect plastic concrete	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Protect hardened concrete	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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Job Tasks (57)	Declaration Response
REPAIR AND RESTORE CONCRETE Inspect concrete	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Remove materials	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Prepare surface for repair or restoration	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install repair materials	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
APPLY SURFACE TREATMENT TO HARDENED CONCRETE Prepare surface for surface treatments	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Abrade surface to achieve architectural finish	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Apply seamless systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Apply bonded and non-bonded toppings to concrete	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Parge vertical surfaces	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Apply chemical surface treatment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
GROUT Prepare surface for grouting	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install grout	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Finish exposed grout surface	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
PERFORM CUTTING AND CORING Perform cutting	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Perform coring	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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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

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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