

**CONSTRUCTION CRAFT WORKER
(LABOURER)**

**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
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.

This form is not to be used for periods of self-employment. For more information, see Instructions for Certification Challenge.

To qualify to challenge certification in this trade, individuals must have:

- worked a minimum of **6,000 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

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 Construction Craft Worker 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
USE SAFE WORK PRACTICES Manages workplace hazards; Applies OHS Regulations and WorkSafeBC Standards; Uses fall protection systems and equipment; Uses personal protective equipment; Uses fires safety procedures; Uses safety committees; Performs safety watch	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
ORGANIZES WORK Uses documentation, blueprints and specifications; Communicates with others; Uses basic trade math	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
USE TOOLS AND EQUIPMENT Uses hand tools, power tools, powder-actuated tools, rigging and hoisting equipment, portable equipment, mobile equipment, sandblasters and packers	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
PERFORM ROUTINE TRADE ACTIVITIES Installs permanent and temporary fencing; Erects and dismantles hoarding/enclosures; Performs traffic control; Establishes grades and elevations; Handles materials; Installs membranes; Installs insulating materials	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
PERFORM SITE WORK Prepares site; Performs ground work; Performs demolition; Applies excavation and shoring; Services site	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
USE SCAFFOLDING AND ACCESS EQUIPMENT Uses scaffolding equipment; Uses access equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
PERFORM CONCRETE WORK Forms concrete; Places and finishes concrete; Modifies concrete; Installs grout, epoxies and caulking	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
PERFORM MASONRY WORK Prepares masonry work; Tends to bricklayers	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
PERFORM UTILITIES AND PIPELINE TASKS	Yes: <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
Installs utility piping; Performs pipeline activities; Performs pipeline maintenance	No: <input type="checkbox"/>
PERFORM ROADWORK Installs paving materials; Installs roadwork components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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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