



**HAIRSTYLIST  
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 (16)	Declaration Response
<b>PERFORM SAFETY-RELATED AND HYGIENIC FUNCTIONS</b> Disinfect Tools and Equipment; Sanitize Towels, Capes and Smocks; Maintain a Safe and Hygienic Environment.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>USE AND MAINTENANCE OF TOOLS AND EQUIPMENT</b> Use and Maintain Manual Tools; Use and Maintain Electric Tools; Use and Maintain Major Equipment.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>CLIENT SERVICE</b> Consult with Clients; Plan Client Services; Drape Client; Use documentation.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>USE COMMUNICATION AND MENTORING TECHNIQUES</b> Use Communication Techniques; Use Mentoring Techniques.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>ANALYZE AND RESPOND TO HAIR AND SCALP CONDITIONS</b> Analyze Hair and Scalp; Respond to Unfavorable Hair and Scalp Conditions.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>SHAMPOO AND CONDITION HAIR AND SCALP</b> Prepare Hair for Shampoo; Manipulate Hair and Scalp Using Shampoo and Conditioner; Perform Hair and Scalp Treatment.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>CUT DIVERSE TEXTURES OF HAIR USING CUTTING TOOLS</b> Cut Hair Using Elevation; Cut Hair Without Elevation; Customize Haircuts.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>CUT FACIAL AND NAPE HAIR</b> Trim and Remove Nape Hair; Trim and Remove Facial Hair.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>STYLE WET HAIR</b> Prepare and Style Wet Hair; Set Wet Hair.	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 (16)	Declaration Response
<b>STYLE DRY HAIR</b> Prepare and Style Dry Hair; Style Updos and Finish Hair.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>PERFORM CHEMICAL TEXTURE SERVICES ON HAIR</b> Chemically Wave Hair; Chemically Relax and Smooth Hair.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>COLOUR HAIR</b> Colour Virgin Hair and Regrowth; Colour Hair Using Colour Placement and Techniques.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>LIGHTEN HAIR</b> Lighten Virgin Hair and Regrowth; Lighten Hair Using Customized Placement and Techniques; Tone Pre-Lightened Hair.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>PERFORM COLOUR CORRECTION</b> Explain and Apply Colour Correction	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>PERFORM SERVICES FOR HAIR EXTENSIONS, WIGS AND HAIRPIECES</b> Select Hair Extensions, Wigs and Hairpieces; Customize Hair Extensions, Wigs and Hairpieces.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>PRACTICE BUSINESS FUNDAMENTALS</b> Perform Front-End Responsibilities; Control Inventory and Merchandise; Explore Business Essentials.	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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