

LATHER
(INTERIOR SYSTEMS MECHANIC)
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 **9,000 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 Lather (Interior Systems Mechanic) 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 (53)	Declaration Response
PERFORMS SAFETY-RELATED FUNCTIONS Maintains safe work environment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Uses personal protective equipment (PPE) and safety equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
USES TOOLS AND EQUIPMENT Uses hand tools	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Uses power tools and equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Uses powder-actuated tools	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Uses gas-actuated tools	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Uses pneumatic tools	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Uses layout and measuring devices	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Uses scaffolding and access equipment	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

Job Tasks (53)	Declaration Response
ORGANIZES WORK	Yes: <input type="checkbox"/>
Uses documentation and reference materials	No: <input type="checkbox"/>
Uses blueprints and drawings	Yes: <input type="checkbox"/>
	No: <input type="checkbox"/>
Plans project tasks	Yes: <input type="checkbox"/>
	No: <input type="checkbox"/>
Estimates materials and supplies	Yes: <input type="checkbox"/>
	No: <input type="checkbox"/>
PERFORMS ROUTINE TRADE ACTIVITIES	Yes: <input type="checkbox"/>
Performs measurements	No: <input type="checkbox"/>
Uses jigs and templates	Yes: <input type="checkbox"/>
	No: <input type="checkbox"/>
Handles materials, supplies and products	Yes: <input type="checkbox"/>
	No: <input type="checkbox"/>
Lays out work	Yes: <input type="checkbox"/>
	No: <input type="checkbox"/>
Applies sealants and gaskets	Yes: <input type="checkbox"/>
	No: <input type="checkbox"/>
USES COMMUNICATION AND MENTORING TECHNIQUES	Yes: <input type="checkbox"/>
Uses communication techniques	No: <input type="checkbox"/>
Uses mentoring techniques	Yes: <input type="checkbox"/>
	No: <input type="checkbox"/>
ERECTS NON LOAD-BEARING STEEL ASSEMBLIES	Yes: <input type="checkbox"/>
Frames non load-bearing walls	No: <input type="checkbox"/>
Frames spanned ceilings	Yes: <input type="checkbox"/>
	No: <input type="checkbox"/>
Frames suspended drywall ceilings	Yes: <input type="checkbox"/>
	No: <input type="checkbox"/>
Frames non load-bearing bulkheads	Yes: <input type="checkbox"/>
	No: <input type="checkbox"/>

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Installs metal door and window frames	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs backing	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
ERECTS LOAD-BEARING STEEL ASSEMBLIES Frames load-bearing walls	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Frames exterior ceilings and soffits	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Frames load-bearing bulkheads	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Frames load-bearing floors	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Frames load-bearing roofs	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
INSTALLS WALL SYSTEMS AND COMPONENTS Installs demountable walls	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs drywall	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Finishes drywall	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install drywall trims and mouldings	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs security mesh	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs access panels	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
INSTALLS CEILING SYSTEMS Installs suspended component ceilings	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs non-suspended ceilings	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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INSTALLS ACCESS FLOORING SYSTEMS Installs pedestals and supporting hardware	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs flooring panels	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
INSTALLS SOUND BARRIERS AND LEAD RADIATION SHIELDING Installs sound barriers	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs lead radiation shielding	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
INSTALLS SMOKE AND FIRE BARRIERS Installs shaft wall systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Seals penetrations	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Encloses beams, columns and staircases to achieve desired fire rating	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
INSTALLS INSULATION AND MEMBRANES Installs thermal insulation	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs interior/exterior membranes	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
PREPARES SURFACE FOR EXTERIOR FINISHES Installs exterior sheathing	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs lath	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs Exterior Insulation Finish System (EIFS)	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
INSTALLS EXTERIOR FINISHES Fabricates panels	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs pre-manufactured panels	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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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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