

# WINDER ELECTRICIAN

## 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 **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:

## 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.

		Total Number Hours of <b>Winder Electrician</b> 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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### 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.

Firs	t and Last Name of Applicant's Direct Supervis	or:	Supervisor Position or Title:
Sup (	ervisor's Phone Number: )		Supervisor E-Mail Address:
Lan	guage(s) that the employer/supervisor can con	nmunicate: (check all	that apply)
	English	Other (please spec	ify):

## 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 (12)	Decla Resp	
TECHNICAL OCCUPATIONAL SKILLS AND PROCEDURES Using tools safely and skillfully	Yes: No:	
Performing welding, brazing, and soldering operations	Yes: No:	
Performing occupational related functions	Yes: No:	
Assessing systems and equipment	Yes: No:	
Checking mechanical, electrical, and electronic components and systems	Yes: No:	
Repairing defective mechanical, electrical, and electronic part(s)/components	Yes: No:	
Checking for correct system operation	Yes: No:	
Testing systems and equipment	Yes: No:	
Documenting work in progress	Yes: No:	
ROTATING EQUIPMENT Reconditioning and repair of rotating equipment	Yes: No:	

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 (12)	Declar Respo	
STATIONARY EQUIPMENT Checking and repairing stationary equipment	Yes: No:	
Assembling electrical/electronic control panel	Yes: No:	

## 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)	

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

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