



**WINDER ELECTRICIAN  
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 (12)	Declaration Response
<b>TECHNICAL OCCUPATIONAL SKILLS AND PROCEDURES</b>	
Using tools safely and skillfully	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Performing welding, brazing, and soldering operations	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Performing occupational related functions	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Assessing systems and equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Checking mechanical, electrical, and electronic components and systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Repairing defective mechanical, electrical, and electronic part(s)/components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Checking for correct system operation	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Testing systems and equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Documenting work in progress	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>ROTATING EQUIPMENT</b>	
Reconditioning and repair of rotating equipment	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 (12)	Declaration Response
<b>STATIONARY EQUIPMENT</b> Checking and repairing stationary equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Assembling electrical/electronic control panel	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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