

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

Legal Last Name:

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.

Legal Middle Name(s):

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

- worked a minimum of **2,520 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

Legal First Name:

Enter the name of the individual for whom this form is being completed.

B. Employment Info	rmation of Appli	icant		
Enter the business information	for the applicant's peri	od of employmen	t declared for this trade	2.
Name of Organization/Employer/	Business:			
M-:1: A J J				Icia
Mailing Address:				City:
Province/ State:		Country:		Postal Code/ Zip Code:
Business Phone Number:		Website:		
Enter the dates and number of	f hours for this period	of employment.		
Dates of Applicant's Employment (MM/DD/YYYY):		Total Number Hours of Parts Technician 1 Experience Accumulated in that Period:		
From:	То:		and Torrous	
Job Title of Applicant:				



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C. Supervisor Contact Information

First and Last Name of Applicant's Direct Supervisor:

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.

Supervisor Position or Title:

Supervisor's Phone Number: ()	Supervisor E-Mail Address:		
Language(s) that the employer/supervisor can communicate: (check all t	hat apply)		
☐ English ☐ Other (please spec	ify):		
D. Supervisor Declaration of Job Task Performa	ance of Applicant		
By checking "Yes" or "No" in the Declaration Response column, indipersonally witnessed the applicant performing the job tasks listed.	cate whether you, as the direct superv	sor of the applican	t, have
JOB TASKS (32)		SUPERV DECLARATION	
OVERVIEW OF WAREHOUSE OPERATIONS			
Use ethical behaviour in a warehouse environment		☐ Yes	☐ No
Interpret the human rights statutes in British Colum	bia	☐ Yes	☐ No
Apply basic warehouse terminology and operations		☐ Yes	☐ No
Apply warehouse skill requirements		☐ Yes	☐ No
Use warehouse technology		☐ Yes	☐ No
Maintain the relationship of the warehouse to other	divisions within an enterprise	☐ Yes	☐ No
COMMUNICATION AND COMPREHENSION SKILLS		.1	
Use effective verbal communication skills		Yes	☐ No
Use basic written communication skills		☐ Yes	☐ No
Use various warehouse calculations		☐ Yes	☐ No
WAREHOUSE SAFETY SKILLS			
Define basic first aid	Yes	☐ No	
Maintain a safe work environment		Yes	☐ No
Apply regulations and procedures for the transporti	ng of dangerous goods	Yes	☐ No
Apply WHMIS		☐ Yes	☐ No
Enter the supervisor and applicant names (repeat on every page	of this form)		
Supervisor First and Last Name:	oplicant First and Last Name:		



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JOB TASKS (32)		SUPERVISOR DECLARATION RESPONSE	
Use safe lifting, carrying, and repetitive strain injury control prevention	☐ Yes	☐ No	
Employ applicable environmental protection for the recycling of waste materials	☐ Yes	☐ No	
Apply fire and emergency response procedures	☐ Yes	☐ No	
Use the components of a safety meeting	☐ Yes	☐ No	
BASIC MATERIAL HANDLING OPERATIONS AND PROCEDURES			
Receive goods and complete related documentation	☐ Yes	☐ No	
Perform distribution and stocking of incoming materials	☐ Yes	☐ No	
Store material	☐ Yes	☐ No	
Fill orders from stock	☐ Yes	☐ No	
Perform allocation of products	☐ Yes	☐ No	
Pack goods for transportation	☐ Yes	☐ No	
Employ correct stock maintenance	☐ Yes	☐ No	
Process returned items	☐ Yes	☐ No	
MATERIAL HANDLING AND PACKAGING EQUIPMENT			
Use appropriate small tools for package handling	☐ Yes	☐ No	
Use manual handling equipment	☐ Yes	☐ No	
Perform safe operation of a forklift	☐ Yes	☐ No	
Perform safe operation of a narrow aisle forklift	☐ Yes	☐ No	
Perform safe operation of cranes and required rigging	☐ Yes	☐ No	
INFORMATION TECHNOLOGY IN WAREHOUSING			
Use information technology in a warehouse environment	☐ Yes	☐ No	
Use work computers ethically	☐ Yes	□ No	



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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 true and 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.)

pervisor name (Please Print):	Supervisor Signature:	Date Signed: (MM/DD/YYYY)
er the supervisor and applicant names	(