



# PARTS TECHNICIAN 1

## 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 <span style="margin-left: 150px;"><input type="checkbox"/> Other (please specify): _____</span>	

### 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 (32)	SUPERVISOR DECLARATION RESPONSE	
<b>OVERVIEW OF WAREHOUSE OPERATIONS</b>		
Use ethical behaviour in a warehouse environment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Interpret the human rights statutes in British Columbia	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Apply basic warehouse terminology and operations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Apply warehouse skill requirements	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Use warehouse technology	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintain the relationship of the warehouse to other divisions within an enterprise	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>COMMUNICATION AND COMPREHENSION SKILLS</b>		
Use effective verbal communication skills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Use basic written communication skills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Use various warehouse calculations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>WAREHOUSE SAFETY SKILLS</b>		
Define basic first aid	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintain a safe work environment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Apply regulations and procedures for the transporting of dangerous goods	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Apply WHMIS	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 (32)	SUPERVISOR DECLARATION RESPONSE	
Use safe lifting, carrying, and repetitive strain injury control prevention	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employ applicable environmental protection for the recycling of waste materials	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Apply fire and emergency response procedures	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Use the components of a safety meeting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>BASIC MATERIAL HANDLING OPERATIONS AND PROCEDURES</b>		
Receive goods and complete related documentation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Perform distribution and stocking of incoming materials	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Store material	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fill orders from stock	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Perform allocation of products	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pack goods for transportation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employ correct stock maintenance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Process returned items	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>MATERIAL HANDLING AND PACKAGING EQUIPMENT</b>		
Use appropriate small tools for package handling	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Use manual handling equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Perform safe operation of a forklift	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Perform safe operation of a narrow aisle forklift	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Perform safe operation of cranes and required rigging	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>INFORMATION TECHNOLOGY IN WAREHOUSING</b>		
Use information technology in a warehouse environment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Use work computers ethically	<input type="checkbox"/> Yes	<input type="checkbox"/> 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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**PARTS TECHNICIAN 1  
EMPLOYER DECLARATION  
OF WORK EXPERIENCE**

**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.)

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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