

**PARTS TECHNICIAN 1
STATUTORY DECLARATION
OF WORK EXPERIENCE**

C. Reason for Statutory Declaration

Indicate why a Statutory Declaration is required for this period of employment:

- Applicant was self-employed Employer will/can not complete Employer Declaration

Applicants **must** attempt to contact current or previous employers to request an Employer Declaration to be filled out and signed.

If you have been unable to obtain an Employer Declaration for any portion of your non-self-employed work experience, **indicate the steps you have taken to try to obtain it.**

D. Statutory Declaration of Job Task Performance

By checking “Yes” or “No” in the Declaration Response column, indicate whether you have performed the job tasks listed below during the period indicated in Section B.

JOB TASKS (32)	DECLARATION RESPONSE	
OVERVIEW OF WAREHOUSE OPERATIONS		
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
COMMUNICATION AND COMPREHENSION SKILLS		
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

Enter the applicant name (repeat on every page of this form)

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JOB TASKS (32)	DECLARATION RESPONSE	
WAREHOUSE SAFETY SKILLS		
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
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
BASIC MATERIAL HANDLING OPERATIONS AND PROCEDURES		
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
MATERIAL HANDLING AND PACKAGING EQUIPMENT		
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
INFORMATION TECHNOLOGY IN WAREHOUSING		
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

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SkilledTradesBC Customer Service
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Fax: 778-328-8701
Toll Free: 1-866-660-6011
customerservice@skilledtradesbc.ca

E. Applicant Signature

I certify that the information I 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.)

Applicant Name (please print):	Applicant Signature:	Date: (MM/DD/YYYY)
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F. References

Minimum of Three References must accompany **each Statutory Declaration form**. Include names and contact information of minimum three individuals who can attest to your hours and/or scope of trade. References listed must be related to the organization and period of employment listed in Section B of this form.

Each individual listed will be contacted by SkilledTradesBC to verify the information provided on your application.

1. Reference

Relationship to Applicant:		
<input type="checkbox"/> Former Employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Supplier
<input type="checkbox"/> Co-worker	<input type="checkbox"/> Client	<input type="checkbox"/> Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:
First and Last Name of Reference:	Language(s) that reference can communicate:	(Check all that apply)
	<input type="checkbox"/> English	<input type="checkbox"/> Other (specify):
Organization/Business Name:	Position/Title:	
Phone Number:	Email Address:	

2. Reference

Relationship to Applicant:		
<input type="checkbox"/> Former Employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Supplier
<input type="checkbox"/> Co-worker	<input type="checkbox"/> Client	<input type="checkbox"/> Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:
First and Last Name of Reference:	Language(s) that reference can communicate:	(Check all that apply)
	<input type="checkbox"/> English	<input type="checkbox"/> Other (specify):
Organization/Business Name:	Position/Title:	
Phone Number:	Email Address:	

3. Reference

Relationship to Applicant:		
<input type="checkbox"/> Former Employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Supplier
<input type="checkbox"/> Co-worker	<input type="checkbox"/> Client	<input type="checkbox"/> Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:
First and Last Name of Reference:	Language(s) that reference can communicate:	(Check all that apply)
	<input type="checkbox"/> English	<input type="checkbox"/> Other (specify):
Organization/Business Name:	Position/Title:	
Phone Number:	Email Address:	

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