

PARTS TECHNICIAN 2

EMPLOYER DECLARATION OF WORK EXPERIENCE

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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.

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

- Parts and Warehousing Person 1 Certificate of Qualification or Parts Technician 1 Certificate of Qualification,
- 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

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

Legal First Name:	Legal Middle Name(s):	Legal Last Name:
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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.

Dates of Applicant's Employment (MM/DD/YYYY): From: To:	Total Number Hours of Parts Technician 2 Experience Accumulated in that Period:
Job Title of Applicant:	

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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 (25)	SUPERVISOR DECLARATION RESPONSE	
PARTS IDENTIFICATION		
Use common measuring tools	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Identify engine components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Identify fuel and induction system parts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Identify common engine lubrication system components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Identify common engine cooling and heating system components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Identify common engine exhaust system components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Identify various bearings and seals	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Identify common power-train components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Identify common suspension and steering system components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Identify common braking system components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Identify common motive power industry electrical system components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Identify autobody parts and repair materials	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Identify air-conditioning system components and safe handling procedures	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Identify hydraulic system components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Interpret the implications of aftermarket accessories	<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 (25)	SUPERVISOR DECLARATION RESPONSE	
STANDARD STOCK RECOGNITION		
Identify standard stock motive power items	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Apply core return procedures	<input type="checkbox"/> Yes	<input type="checkbox"/> No
CATALOGUES AND INVENTORY		
Use catalogue information sourcing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintain inventory	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provide cost quotation and sell related parts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
COMMUNICATION AND PROFESSIONALISM		
Use effective oral communication skills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Use effective written communication skills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employ professional appearance and conduct	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SALES REPRESENTATIVE CHARACTERISTICS		
Apply the traits of an effective sales representative	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Apply methods of effective salesmanship	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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)

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

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