

**PAINTER AND DECORATOR
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 (50)	SUPERVISOR DECLARATION RESPONSE	
PERFORMS COMMON OCCUPATIONAL SKILLS		
Task-1 Performs safety-related functions		
Uses personal protective equipment (PPE) and safety equipment.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains safe work environment.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Task-2 Uses and maintains tools and equipment		
Maintains tools and equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses rigging, hoisting and lifting equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses access equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Task-3 Performs routine trade practices		
Uses documentation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Determines project requirements	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Plans job	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Protects surroundings	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Handles materials	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Task-4 Performs quality control assessments		

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Supervisor First and Last Name:	Applicant First and Last Name:
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JOB TASKS (50)	SUPERVISOR DECLARATION RESPONSE	
Assesses substrate conditions and deficiencies	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Assesses product conditions and deficiencies	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Assesses quality of painted or coated surfaces and wall coverings	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Task-5 Uses communication and mentoring techniques		
Uses communication techniques	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses mentoring techniques	<input type="checkbox"/> Yes	<input type="checkbox"/> No
PREPARES SURFACES		
Task-6 Performs general surface preparation		
Removes existing paints and coatings	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Removes existing wall coverings and adhesives	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cleans surfaces	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Primes surfaces	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sands surfaces	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Applies caulking	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Task-7 Prepares wood surfaces for paints, coatings and wall coverings		
Treats wood surfaces	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Repairs minor imperfections in wood	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Task-8 Prepares concrete and masonry surfaces		
Mechanically treats concrete and masonry surfaces	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Chemically treats concrete and masonry surfaces	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Repairs concrete and masonry surfaces	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Task-9 Prepares metal surfaces		
Treats metal surfaces	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Repairs metal surfaces	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Task-10 Prepares plaster surfaces and drywall		
Repairs existing plaster surfaces and drywall	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Finishes new drywall	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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JOB TASKS (50)	SUPERVISOR DECLARATION RESPONSE
PREPARES AND APPLIES RESIDENTIAL, INSTITUTIONAL AND COMMERCIAL PAINTS, COATINGS AND FINISHES	
Task- 11 Prepares for application of residential, institutional and commercial paints and coatings	
Prepares residential, institutional and commercial paints and coatings	<input type="checkbox"/> Yes <input type="checkbox"/> No
Installs residential, institutional and commercial reinforcing mesh	<input type="checkbox"/> Yes <input type="checkbox"/> No
Task- 12 Applies residential, institutional and commercial paints and coatings	
Applies residential, institutional and commercial paints and coatings with brushes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Applies residential, institutional and commercial paints and coatings with rollers	<input type="checkbox"/> Yes <input type="checkbox"/> No
Applies residential, institutional and commercial paints and coatings with applicators	<input type="checkbox"/> Yes <input type="checkbox"/> No
Applies residential, institutional and commercial paints and coatings with spray equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Task-13 Applies decorative/specialty finishes	
Applies paints and coatings using decorative techniques	<input type="checkbox"/> Yes <input type="checkbox"/> No
Creates faux finishes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Applies gilding	<input type="checkbox"/> Yes <input type="checkbox"/> No
Applies stencils and graphics	<input type="checkbox"/> Yes <input type="checkbox"/> No
Creates textured finishes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Applies multi-spec coatings	<input type="checkbox"/> Yes <input type="checkbox"/> No
PREPARES AND APPLIES WALL COVERINGS	
Task-14 Prepares for application of wall coverings	
Treats surfaces for wall coverings	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lays out surface	<input type="checkbox"/> Yes <input type="checkbox"/> No
Prepares wall coverings	<input type="checkbox"/> Yes <input type="checkbox"/> No
Task-15 Applies wall coverings	
Applies adhesives	<input type="checkbox"/> Yes <input type="checkbox"/> No
Installs vinyl wall coverings	<input type="checkbox"/> Yes <input type="checkbox"/> No
Installs fabric and natural material wall coverings	<input type="checkbox"/> Yes <input type="checkbox"/> No
Installs rigid wall coverings	<input type="checkbox"/> Yes <input type="checkbox"/> No
Repairs existing wall coverings	<input type="checkbox"/> Yes <input type="checkbox"/> No

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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
customerservice@skilledtradesbc.ca

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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