

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.

Legal Middle Name(s):

This form is not to be used for periods of self-employment. For more information, see Instructions for Certification or Supervision and Sign-off Authority.

To qualify to challenge certification in this trade or be granted authority to supervise and sign-off on apprentices in this trade, individuals must have:

- worked a minimum of 7,290 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 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 numbe	r of hours for this peri	od of employment.				
Dates of Applicant's Employment (MM/DD/YYYY):		Total Number Hours of Painter and Decorator Experience Accumulated in that Period:				
From:	То:		in that renou.			
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 Position or Title:		
Supervisor's Phone Number:	Supervisor E-Mail Address:			
Language(s) that the employer/supervisor can communicate	e: (check all that apply)			
☐ English ☐ Othe	r (please specify):			
D. Supervisor Declaration of Job Task	Performance of Applicant			
By checking "Yes" or "No" in the Declaration Response of personally witnessed the applicant performing the job ta		rvisor of the applicant, ha	ve	
JOB TAS	SKS (50)	SUPERVI DECLARA RESPON	TION	
PERFORMS COMMON OCCUPATIONAL S	KILLS	·		
Task-1 Performs safety-related functions				
Uses personal protective equipment (PPE) and sa	fety equipment.	☐ Yes	☐ No	
Maintains safe work environment.		☐ Yes	☐ No	
Task-2 Uses and maintains tools and equip	ment			
Maintains tools and equipment		Yes	☐ No	
Uses rigging, hoisting and lifting equipment		Yes	☐ No	
Uses access equipment			☐ No	
Task-3 Performs routine trade practices				
Uses documentation		Yes	☐ No	
Determines project requirements		☐ Yes	— ☐ No	
Plans job		☐ Yes	 ☐ No	
Protects surroundings		☐ Yes	□ No	
Handles materials		☐ Yes	□ No	
Task-4 Performs quality control assessmen	ts			
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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	☐ Yes ☐ ☐	No		
Assesses product conditions and deficiencies	☐ Yes ☐ ☐	No		
Assesses quality of painted or coated surfaces and wall coverings	☐ Yes ☐ ☐	No		
Task-5 Uses communication and mentoring techniques				
Uses communication techniques	☐ Yes ☐ ☐	No		
Uses mentoring techniques	☐ Yes ☐ ☐	No		
PREPARES SURFACES				
Task-6 Performs general surface preparation				
Removes existing paints and coatings	☐ Yes ☐ ☐	No		
Removes existing wall coverings and adhesives	☐ Yes ☐ ☐	No		
Cleans surfaces	☐ Yes ☐ ☐	No		
Primes surfaces	☐ Yes ☐ ☐	No		
Sands surfaces	☐ Yes ☐ ☐	No		
Applies caulking	☐ Yes ☐ ☐	No		
Task-7 Prepares wood surfaces for paints, coatings and wall coverings	L L			
Treats wood surfaces	☐ Yes ☐ ☐	No		
Repairs minor imperfections in wood	☐ Yes ☐ ☐	No		
Task-8 Prepares concrete and masonry surfaces				
Mechanically treats concrete and masonry surfaces	☐ Yes ☐ ☐	No		
Chemically treats concrete and masonry surfaces	☐ Yes ☐ ☐	No		
Repairs concrete and masonry surfaces	☐ Yes ☐ ☐	No		
Task-9 Prepares metal surfaces				
Treats metal surfaces	☐ Yes ☐ ☐	No		
Repairs metal surfaces	☐ Yes ☐ ☐	No		
Task-10 Prepares plaster surfaces and drywall				
Repairs existing plaster surfaces and drywall	☐ Yes ☐ ☐	No		
Finishes new drywall	☐ Yes ☐ ☐	No		
Enter the supervisor and applicant names (repeat on every page of this form)	1			
Supervisor First and Last Name: Applicant First and Last Name:				



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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	☐ Yes	☐ No		
Installs residential, institutional and commercial reinforcing mesh	☐ Yes	☐ No		
Task- 12 Applies residential, institutional and commercial paints and coatings				
Applies residential, institutional and commercial paints and coatings with brushes	☐ Yes	☐ No		
Applies residential, institutional and commercial paints and coatings with rollers	☐ Yes	☐ No		
Applies residential, institutional and commercial paints and coatings with applicators	Yes	☐ No		
Applies residential, institutional and commercial paints and coatings with spray equipment	Yes	☐ No		
Task-13 Applies decorative/specialty finishes	ı			
Applies paints and coatings using decorative techniques	☐ Yes	☐ No		
Creates faux finishes	Yes	☐ No		
Applies gilding	☐ Yes	☐ No		
Applies stencils and graphics		☐ No		
Creates textured finishes	☐ Yes	☐ No		
Applies multi-spec coatings	Yes	☐ No		
PREPARES AND APPLIES WALL COVERINGS				
Task-14 Prepares for application of wall coverings				
Treats surfaces for wall coverings	☐ Yes	☐ No		
Lays out surface		☐ No		
Prepares wall coverings	☐ Yes	☐ No		
Task-15 Applies wall coverings				
Applies adhesives	Yes	☐ No		
Installs vinyl wall coverings	☐ Yes	☐ No		
Installs fabric and natural material wall coverings	☐ Yes	☐ No		
Installs rigid wall coverings	Yes	☐ No		
Repairs existing wall coverings	☐ Yes	☐ No		
Enter the supervisor and applicant names (repeat on every page of this form)				
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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.)

Supervisor name (Please Print):	Supervisor Signature:	Date Signed: (MM/DD/YYYY)
Enter the supervisor and applicant names (re	neat on every page of this form)	

Applicant First and Last Name:

Supervisor First and Last Name: