

**PAINTER AND DECORATOR
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 (50)	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

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JOB TASKS (50)	DECLARATION RESPONSE	
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		
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

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JOB TASKS (50)	DECLARATION RESPONSE	
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
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

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JOB TASKS (50)	DECLARATION RESPONSE	
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

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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