Apprenticeship Manitoba

Trades Qualification Employer Declaration

Lather (Interior Systems Mechanic)

This form is to be completed by the direct supervisor of the applicant.
Information provided in this form will be verified.

A. Applicant Name	Name of the individual declaring their employment experience
Full name:	

B. Work History Information	All information boxes must be completed.

Organization / Employer name:			
From (yyyy/mm/dd):	**To (yyyy/mm/dd):**	**Job Title:**	**Total Hours Worked:**
Type of Employment: ☐ **Full time** ☐ **Part time** ☐ **Seasonal** ☐ **Other**			

C. Declaration of Job Tasks Performed **2012 NOA**	☑ Check the "No" box if none of the tasks in the group were witnessed by you personally. ☑ Check the "Yes" box if you personally witnessed the applicant performing the tasks at the level of a journeyperson. Strike out any individual tasks not witnessed. ~~example~~	
A – Occupational Skills **Includes:** Maintains tools and equipment; Organizes work; Performs routine trade activities	☐	No
	☐	Yes
B – Framing **Includes:** Erects non load bearing steel assemblies; Erects load bearing steel assemblies	☐	No
	☐	Yes
C – Interior Systems **Includes:** Installs wall systems and components; Installs ceiling systems; Installs access flooring systems; Installs sound barriers and lead radiation shielding; Installs smoke and fire barriers	☐	No
	☐	Yes
D – Exterior Systems **Includes:** Installs insulation and membranes; Prepares surface for exterior finishes; Installs exterior finishes	☐	No
	☐	Yes

D. Supervisor/Employer Signature	I certify that the information I, as the current or former direct supervisor of the applicant provided is accurate. I understand that my support may allow the candidate to challenge the certification exam.
Signature:	**Date: (yyyy/mm/dd)**
Printed name:	**Daytime phone:**

Office use only:	Verified - ☐ Yes ☐No	Signature:	Comments: