Trades Qualification Statutory Declaration

Bricklayer

This form is to be completed by the applicant.

Information provided in this form will be verified.

Unless your work experience hours were gained through self-employment, Trades Qualification applications will not be accepted if they are only accompanied by a Statutory Declaration. Non-self-employed applicants must provide at least one employer declaration from an employer who can verify your work experience.

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

B. Reason for Statutory Declaration	Indicate why a Statutory Declaration is required?

☐ Employer is no longer in business   ☐ Employment records are not available

☐ Applicant was self-employed (**references required**)   ☐ Employer will not complete Employer Declaration

If you have been unable to obtain an Employer Declaration from any of your employers, please indicate below all the efforts that you have made to obtain an Employer Declaration. If sufficient evidence of steps taken is not provided, the application may not be approved.

C. Work History Information	Enter the dates, title, total hours worked, and nature of employment for the period this declaration applies to.		
Organization / Employer name:	**Business Registration Number:** (self-employed only)		
From (yyyy/mm/dd):	**To (yyyy/mm/dd):**	**Job Title:**	**Total Hours Worked:** (only hours on the tools)
Type of Employment:	☐ **Full time** ☐ **Part time** ☐ **Seasonal**	☐ **Self-employed**	☐ **Other**

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C. Declaration of Job Tasks Performed **2016 NOA**	☑ Check the "No" box if you did not personally witness the applicant performing the tasks in the group. ☑ 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 – Common Occupational Skills **Includes:** Performs safety related functions; Uses and maintains tools and equipment; Uses scaffolding; Organizes work	☐	No
	☐	Yes
B – General Masonry Practices **Includes:** Performs substrate preparation; Performs fundamental masonry tasks; Uses mortars, grouts and adhesives	☐	No
	☐	Yes
C – Masonry Systems **Includes:** Builds masonry walls; Builds horizontal masonry surfaces; Builds and installs prefabricated masonry units; Installs surface-bonded masonry units	☐	No
	☐	Yes
D – Natural Stone Systems **Includes:** Builds natural stone walls; Installs natural stone cladding	☐	No
	☐	Yes
E – Chimneys and Fireplaces **Includes:** Builds chimneys; Builds fireplaces	☐	No
	☐	Yes
F – Refractories and Corrosion Resistant Materials **Includes:** Installs and maintains refractories; Installs and maintains corrosion resistant materials	☐	No
	☐	Yes
G – Restoration **Includes:** Rebuilds masonry work; Repairs and cleans existing masonry work	☐	No
	☐	Yes
H – Additional Masonry **Includes:** Installs glass blocks; Installs ornamental and sculpted masonry; Builds arches	☐	No
	☐	Yes

E. Applicant Signature	I certify that the information I provided is accurate.
Signature:	**Date: (yyyy/mm/dd)**
Printed name:	**Daytime phone:**

Apprenticeship Manitoba

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F. References	References must be provided for all self-employment Statutory Declaration forms.

Include with your completed Statutory Declarations the names and contact information of two people who can verify your self-employed work experience. This may include a supplier, a former employee, a contractor in the industry, or a regular, long term client. Maximum of one reference per category.

Each individual listed will be contacted by Apprenticeship Manitoba to verify the information provided in your application.

First Name:	Last Name:
Organization/Business Name:	Position/Title:
Business Phone Number:	Reference Cell Number:
Relationship to Applicant:	Email Address:

First Name:	Last Name:
Organization/Business Name:	Position/Title:
Business Phone Number:	Reference Cell Number:
Relationship to Applicant:	Email Address: