

Apprenticeship Manitoba

Trades Qualification Employer Declaration

CNC Machinist

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:	<input type="checkbox"/> Full time	<input type="checkbox"/> Part time	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Other

C. Declaration of Job Tasks Performed 2003 POA	<input checked="" type="checkbox"/> Check the NO box if you did not personally witness the applicant performing the tasks in the group. <input checked="" type="checkbox"/> 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 – BASIC WORK PRACTICES AND PROCEDURES Includes: Participates in workplace health and safety practices; Performs general machine maintenance; Applies ergonomics; Trains personnel	<input type="checkbox"/> No <input type="checkbox"/> Yes
B – PROGRAMMING COMPUTER NUMERICAL CONTROL (CNC) MACHINES Includes: Demonstrates basic programming computer skills; Develops planning; Creates CAM files; Uses Electrical Association Industries (EIA) program language; Determines axis(s)	<input type="checkbox"/> No <input type="checkbox"/> Yes
C – CNC LATHE Includes: Sets up CNC Lathe; Initiates operations; Maintains CNC Lathe	<input type="checkbox"/> No <input type="checkbox"/> Yes
D – CNC MILL Includes: Sets up CNC Mill; Initiates operations; Maintains CNC Mill	<input type="checkbox"/> No <input type="checkbox"/> Yes
E – CNC ELECTRICAL DISCHARGE MACHINING (EDM) Includes: Sets up Electrical Discharge Machining (EDM); Initiates operations; Maintains Electrical Discharge Machining (EDM)	<input type="checkbox"/> No <input type="checkbox"/> Yes
F – CNC GRINDER Includes: Sets up CNC Grinder; Initiates operations; Maintains CNC Grinder	<input type="checkbox"/> No <input type="checkbox"/> 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 - <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature:	Comments:
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