

# Apprenticeship Manitoba

## Trades Qualification Employer Declaration

### Concrete Finisher

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

|                          |  |
|--------------------------|--|
| <b>A. Applicant Name</b> | Name of the individual declaring their employment experience |
| Full name:               |  |

|                                    |  |            |                     |
|------------------------------------|--|------------|---------------------|
| <b>B. Work History Information</b> | 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 |            |                     |

|  |  |
|--|--|
| <b>C. Declaration of Job Tasks Performed</b><br>2006 NOA   | <input checked="" type="checkbox"/> Check the "No" box if none of the tasks in the group were witnessed by you personally.<br><input checked="" type="checkbox"/> Check the "Yes" box if you personally witnessed the applicant performing the tasks at the level of a journeyperson.<br>Strike out any individual tasks not witnessed. <del>example</del> |
| <b>A – COMMON OCCUPATIONAL SKILLS</b><br>Includes: Uses tools and equipment; Organizes work; Prepares site; Uses formwork  | <input type="checkbox"/> No<br><input type="checkbox"/> Yes  |
| <b>B – CONCRETE PLACEMENT</b><br>Includes: Places concrete; Levels concrete  | <input type="checkbox"/> No<br><input type="checkbox"/> Yes  |
| <b>C – CONCRETE FINISHING</b><br>Includes: Floats concrete; Hand-tools concrete; Trowels concrete; Applies surface treatments to plastic concrete.                           | <input type="checkbox"/> No<br><input type="checkbox"/> Yes  |
| <b>D – CONCRETE CURING AND PROTECTION</b><br>Includes: Cures concrete; Protects concrete.  | <input type="checkbox"/> No<br><input type="checkbox"/> Yes  |
| <b>E – CONCRETE MODIFICATION, REPAIR AND GROUTING</b><br>Includes: Repairs concrete; Cuts and cores cured concrete; Applies surface treatments to hardened concrete; Grouts. | <input type="checkbox"/> No<br><input type="checkbox"/> Yes  |

|   |   |  |
|---|---|--|
| <b>D. Supervisor/Employer Signature</b> | 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:  |  |

|                         |   |            |           |
|-------------------------|---|------------|-----------|
| <b>Office use only:</b> | Verified - <input type="checkbox"/> Yes <input type="checkbox"/> No | Signature: | Comments: |
|-------------------------|---|------------|-----------|