Trades Qualification Employer Declaration

Construction Electrician

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 **2015 RSOS**	☑ 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:** Performs safety-related functions; Uses tools and equipment; Organizes work; Fabricates and installs support components; Commissions and decommissions electrical systems; Uses communication and mentoring techniques	☐ No ☐ Yes	
B – INSTALLS, SERVICES AND MAINTAINS GENERATING, DISTRIBUTION AND SERVICE SYSTEMS **Includes:** Consumer/supply services and metering equipment; protection devices; Distribution equipment; Power conditioning, uninterruptible power supply and surge suppression systems; Bonding and grounding protection systems; Power generation systems; Renewable energy systems; High voltage systems; Transformers	☐ No ☐ Yes	
C – INSTALLS, SERVICES AND MAINTAINS WIRING SYSTEMS **Includes:** Raceways, cables and enclosures; Branch circuitry; Heating, ventilating and air-conditioning (HVAC) systems; Electric heating systems; Exit and emergency lighting systems; Cathodic protection systems;	☐ No ☐ Yes	
D – INSTALLS, SERVICES AND MAINTAINS MOTORS AND CONTROL SYSTEMS **Includes:** Motor starters and controls; Drives; Motors; Installs, programs, services and maintains automated control systems	☐ No ☐ Yes	
E – INSTALLS, SERVICES AND MAINTAINS SIGNALING AND COMMUNICATION SYSTEMS **Includes:** Signaling systems; Communication systems; Integrated control systems	☐ 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: