

# Apprenticeship Manitoba

## Trades Qualification Employer Declaration

### Esthetician

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> 2013 POA	<input checked="" type="checkbox"/> Check the "No" box if none of the tasks in the group were witnessed by you personally. <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. <del>example</del>
<b>A – Safety and Sanitation</b> Includes: Maintains a safe workplace environment; Sanitizes/disinfects and sterilizes	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>B – Business Management</b> Includes: Completes client information record; Performs reception duties; Performs salon management functions	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>C – Basic Job Skills</b> Includes: Performs a consultation; Performs service	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>D – Nail Care</b> Includes: Performs manicures/pedicures; Performs artificial nail applications	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>E – Skin Care Treatments</b> Includes: Performs body treatments; Performs basic skin treatments; Performs specialized facial treatments; Performs make-up artistry; Performs hair removal; Performs lash/brow tints	<input type="checkbox"/> No <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:
-------------------------	---	------------	-----------