

Apprenticeship Manitoba

Trades Qualification Employer Declaration

Esthetician – Skin Care Technician

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 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. example
A – Safety and Sanitation Includes: Maintains a safe workplace environment; Sanitizes/disinfects and sterilizes	<input type="checkbox"/> No <input type="checkbox"/> Yes
B – Business Management Includes: Completes client information record; Performs reception duties; Performs salon management functions	<input type="checkbox"/> No <input type="checkbox"/> Yes
C – Basic Job Skills Includes: Performs a consultation; Performs service	<input type="checkbox"/> No <input type="checkbox"/> Yes
D – Skin Care Treatments 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

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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