

APPRENTICESHIP MANITOBA

Trades Qualification Employer Declaration Industrial Electrician

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

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| A. Applicant Name | Name of the individual declaring their employment experience |
| Full name: | |

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|------------------------------------|--|------------------------------------|-----------------------------------|--------------------------------|
| 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 |

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| C. Declaration of Job Tasks Performed 2016 RSOS | <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 – Performs Common 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 | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| B – Installs and Maintains Generating, Distribution and Service Systems Includes: Installs and maintains consumer/supply services and metering equipment; Installs and maintains protection devices; Installs and maintains low voltage distribution systems; Installs and maintains power conditioning systems; Installs and maintains bonding, grounding and ground fault detection systems; Installs and maintains power generating systems; Installs and maintains renewable energy generating and storage systems; Installs and maintains high voltage systems; Installs and maintains transformers | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| C – Installs and Maintains Wiring Systems Includes: Installs and maintains raceways, cables, conductors and enclosures; Installs and maintains branch circuitry and devices; Installs and maintains heating, ventilation and air-conditioning (HVAC) electrical components; Installs and maintains electric heating systems and controls; Installs and maintains exit and emergency lighting system; Installs and maintains cathodic protection systems | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| D – Installs and Maintains Rotating and Non-Rotating Equipment and Control Systems Includes: Installs and maintains motor starters and control devices; Installs and maintains drives; Installs and maintains non-rotating equipment and associated controls; Installs and maintains motors | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| E – Installs and Maintains Signaling and Communication System Includes: Installs and maintains signaling system; Installs and maintains communication systems; Installs and maintains building automation systems | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| F – Installs and Maintains Process Control System Includes: Installs and maintains input/output (I/O) devices; Installs, programs and maintains automated control systems; Installs and maintains pneumatic and hydraulic control systems | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

Brandon
128, 340-9th Street
R7A 6C2
PH: 204-726-6365
FAX: 204-726-6912

Thompson
118-3 Station Road
R8N 0N3
PH: 204-677-6346
FAX: 204-677-6689

Winnipeg
100-111 Lombard Avenue
R3B 0T4
PH: 204-945-3337
FAX: 204-948-2346

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|---|---|---------------------------|
| 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: |

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

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