

# Apprenticeship Manitoba

## Trades Qualification Employer Declaration

### Painter and Decorator

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> 2011 NOA	<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 journey person. Strike out any individual tasks not witnessed. <i>example</i>
<b>A – Common Occupational Skills</b> Includes: Performs safety-related functions; Uses and maintains tools and equipment; Performs routine trade practices; Performs quality control assessments	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>B – Surface Preparation</b> Includes: Performs general surface preparation; Prepares wood surfaces for paints, coatings and wall coverings; Prepares concrete and masonry surfaces; Prepares metal surfaces; Prepares plaster surfaces and drywall	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>C – Residential, Institutional and Commercial Paints and Coatings</b> Includes: Prepares for application of residential, institutional and commercial paints and coatings; Applies residential, institutional and commercial paints and coatings; Applies decorative/specialty finishes	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>D – Wall Coverings</b> Includes: Prepares for application of wall coverings; Applies wall coverings	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>E – Wood Finishes</b> Includes: Prepares for wood finishing applications; Finishes wood surfaces	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>F – Industrial Paints and Coatings</b> Includes: Prepares for application of industrial paints and coatings; Applies industrial paints and coatings	<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:
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