

Apprenticeship Manitoba

Trades Qualification Employer Declaration

Partsperson

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 2015 NOA	<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 journeyman. Strike out any individual tasks not witnessed. example
A – Common Occupational Skills Includes: Performs safety-related functions; Uses tools and equipment; Organizes work; Communicates with others	<input type="checkbox"/> No <input type="checkbox"/> Yes
B – Customer Service Includes: Provides services to retail customers; Provides services to wholesale customers; Provides services to internal customers; Provides general customer service and support	<input type="checkbox"/> No <input type="checkbox"/> Yes
C – Parts Acquisition Includes: Identifies parts; Sources parts	<input type="checkbox"/> No <input type="checkbox"/> Yes
D – Warehousing And Inventory Includes: Handles parts and materials; Performs Inventory control; Performs shipping and receiving duties	<input type="checkbox"/> No <input type="checkbox"/> Yes
E – Business Practices Includes: Promotes products and services; Implements pricing formula; Processes financial transactions	<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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