

Apprenticeship Manitoba

Trades Qualification Employer Declaration

Pork Production 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 – Occupational Skills Includes: Follows bio-security protocol; Works co-operatively in team environment; Follows basic safety practices; Follows quality assurance requirements; Maintains records; Assists in improving production performance	<input type="checkbox"/> No	<input type="checkbox"/> Yes
B – Pig Health Care Includes: Follows health protocol; Assesses animal health; Administers and handles animal health products; Disposes of mortalities	<input type="checkbox"/> No	<input type="checkbox"/> Yes
C – Barn Environment Includes: Performs basic maintenance; Maintains and monitors heating/cooling and ventilation systems; Maintains sanitation standards for the facility	<input type="checkbox"/> No	<input type="checkbox"/> Yes
D – Stockmanship Includes: Handles stock; Breeds sow and monitors pregnancy; Cares for sows in farrowing barn; Cares for boars; Cares for piglets in farrowing barn; Cares for the growing pig; Markets pigs	<input type="checkbox"/> No	<input type="checkbox"/> Yes
E – Feeding and Watering Includes: Condition scores stock; Feeds according to strategy; Operates the feed and water delivery system	<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:
-------------------------	---	------------	-----------