Apprenticeship Manitoba

Trades Qualification Employer Declaration

Roofer

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: ☐ **Full time** ☐ **Part time** ☐ **Seasonal** ☐ **Other**			

C. Declaration of Job Tasks Performed **2012 NOA**	☑ Check the NO box if you did not personally witness the applicant performing the tasks in the group. ☑ 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 – Common Occupational Skills **Includes:** Performs safety related functions; Maintains and uses tools and equipment; Performs common work practices and procedures	☐ No ☐ Yes
B – Roof Preparation **Includes:** Prepares roof for replacement; Prepares deck for roof installation	☐ No ☐ Yes
C – Low Slope and Flat Roofing **Includes:** Applies roofing components; Applies membranes	☐ No ☐ Yes
D – Shingles, Tiles and Pre-formed Metal Roofing **Includes:** Performs common steep slope practices; Applies shingles; Applies roof tiles; Applies pre formed metal roofing	☐ No ☐ Yes
E – Waterproofing and Damp Proofing **Includes:** Waterproofs surfaces; Damp-proofs surfaces	☐ No ☐ Yes
F – Roof Maintenance and Repair **Includes:** Assesses roof condition; Maintains and repairs roof	☐ No ☐ 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 - ☐ Yes ☐ No	Signature:	Comments: