

Apprenticeship Manitoba

Trades Qualification Employer Declaration

Sheet Metal Worker

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 journeyperson. Strike out any individual tasks not witnessed. <i>example</i>
A – Common Occupational Skills Includes: Performs safety-related functions; Uses and maintains tools and equipment; Organizes work	<input type="checkbox"/> No <input type="checkbox"/> Yes
B – Fabrication Includes: Performs pattern development; Fabricates flashing, roofing, sheeting and cladding; Fabricates specialty products	<input type="checkbox"/> No <input type="checkbox"/> Yes
C – Air and Material Handling System Installation Includes: Prepares installation site; Installs and connects chimneys, breeching and venting to exhaust appliances and mechanical equipment; Installs air handling system components; Installs material handling system components; Applies thermal insulation, lagging, cladding and flashing; Performs leak testing, air balancing and commissioning	<input type="checkbox"/> No <input type="checkbox"/> Yes
D – Roofing and Specialty Product Installation Includes: Installs metal roofing and cladding systems; Installs exterior components; Installs specialty products	<input type="checkbox"/> No <input type="checkbox"/> Yes
E – Maintenance and Repair Includes: Performs scheduled maintenance; Repairs faulty systems and components	<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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