

Apprenticeship Manitoba

Trades Qualification Employer Declaration

Sloped 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:	<input type="checkbox"/> Full time	<input type="checkbox"/> Part time	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Other

C. Declaration of Job Tasks Performed 2010 POA	<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 journeyperson. Strike out any individual tasks not witnessed. example
A – OCCUPATIONAL SKILLS Includes: Uses tools; Uses specialty equipment; Follows safety procedures; Uses staging equipment; Uses trade documents; Organizes work	<input type="checkbox"/> No <input type="checkbox"/> Yes
B – ROOF PREPERATION Includes: Removes and demolishes watershed materials; Assesses project; Prepares decking	<input type="checkbox"/> No <input type="checkbox"/> Yes
C – ROOF CAVITY VENTILATION Includes: Installs eave (intake) venting; Installs roof venting	<input type="checkbox"/> No <input type="checkbox"/> Yes
D – INSTALLATION OF SLOPED ROOF Includes: Installs roofing accessories; Installs roofing materials	<input type="checkbox"/> No <input type="checkbox"/> Yes
E – INSTALLATION OF FLASHING Includes: Installs perimeter flashing; Installs wall to roof intersection flashing; Installs valley flashing; Installs protrusion flashing	<input type="checkbox"/> No <input type="checkbox"/> Yes
F – INSPECTS ROOFTING SYSTEMS Includes: Diagnoses roof problems; Roof maintenance	<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:
-------------------------	---	------------	-----------