



**CARPENTER
EMPLOYER DECLARATION
OF WORK EXPERIENCE**

ITA Customer Service
800 – 8100 Granville Ave
Richmond, BC V6Y 3T6
Tel: 778-328-8700
Fax: 778-328-8701
Toll Free: 1-866-660-6011
customerservice@itabc.ca

C. Supervisor Contact Information

Enter the name and contact information for the person who directly supervised the applicant during this employment period. Ensure the information given is current as the application will be denied if this person cannot be contacted by ITA.

First and Last Name of Applicant's Direct Supervisor:	Supervisor Position or Title:
Supervisor's Phone Number: ()	Supervisor E-Mail Address:
Language(s) that the employer/supervisor can communicate: (check all that apply)	
<input type="checkbox"/> English <input type="checkbox"/> Other (please specify): _____	

D. Supervisor Declaration of Job Task Performance of Applicant

By checking "Yes" or "No" in the Declaration Response column, indicate whether or not you, as the direct supervisor of the applicant, have personally witnessed the applicant performing the job tasks listed.

Job Tasks (10)	Declaration Response
Safe Work Practices Apply shop and site safety practices; apply personal safety practices	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Documentation and Organizational Skills Describe carpentry trade; use construction drawings and specifications; interpret building codes and bylaws; plan and organize work; perform trade math	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Tools and Equipment Use hand tools; use portable power tools; use stationary power tools; use oxy-fuel equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Survey Instruments and Equipment Use levelling instruments and equipment; use site layout equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Access, Rigging and Hoisting Equipment Use ladders, scaffolds and access equipment; use rigging and hoisting equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Site Layout Lay out building locations; prepare building site; apply excavation and shoring practices	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Enter the Supervisor and Applicant names (repeat on every page of this form)

Supervisor First and Last Name:	Applicant First and Last Name:
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Job Tasks (10)	Declaration Response
Concrete Formwork Use concrete types, materials, additives and treatments; build footing and vertical formwork; select concrete forming systems; build slab-on-grade forms and suspended slab forms; install reinforcement and embedded items; build concrete stair forms; place and finish concrete; install specialized formwork	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Wood Frame Construction Describe wood frame construction; select framing materials; build floor systems; build wall systems; build stair systems; build roof systems; build specialized framing systems; perform renovations and additions; build timber and engineered wood construction; build decks and exterior structures	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Finishing Materials Install doors and hardware; install windows and hardware; install exterior finishes; install interior finishes; install cabinets; describe roofing materials; install interior floor, ceiling and wall systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Building Science Control the forces acting on a building; control heat and sound transmission; control air and moisture movement in buildings	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

E. Supervisor Signature

I certify that the information I, as the current or former direct supervisor of the applicant, have provided is accurate. (Note: Collection and protection of personal information on this form is in accordance with the provisions of the Freedom of Information and Protection of Privacy Act.)

Supervisor name (Please Print):	Supervisor Signature:	Date Signed: (MM/DD/YYYY)
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Enter the Supervisor and Applicant names (repeat on every page of this form)

Supervisor First and Last Name:	Applicant First and Last Name:
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