





# CONSTRUCTION ELECTRICIAN

## 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 <span style="margin-left: 150px;"><input type="checkbox"/> Other (please specify): _____</span>	

### D. Supervisor Declaration of Job Task Performance of Applicant

By checking "Yes" or "No" in the Declaration Response column, indicate whether you, as the direct supervisor of the applicant, have personally witnessed the applicant performing the job tasks listed.

Job Tasks (61)	Declaration Response
<b>SAFETY-RELATED FUNCTIONS</b>	
Is this candidate able to use personal protection equipment (PPE) and safety equipment?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is this candidate able to maintain a safe work environment?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is this candidate able to perform lock-out and tag-out procedures?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>TOOLS AND EQUIPMENT</b>	
Is this candidate able to use common and specialty tools and equipment?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is this candidate able to use access equipment?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is this candidate able to use rigging, hoisting and lifting equipment?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is this candidate able to use measuring and testing equipment?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>ORGANIZE WORK</b>	
Is this candidate able to interpret plans, drawings and specifications?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is this candidate able to use the Canadian Electrical Code (CEC)?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is this candidate able to organize materials and supplies?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is this candidate able to plan project tasks and procedures?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is this candidate able to prepare the worksite?	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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Is this candidate able to finalize required documentation?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is this candidate able to identify hazardous locations?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>SUPPORT COMPONENTS</b> Is this candidate able to fabricate support structures?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is this candidate able to install brackets, hangers and fasteners?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is this candidate able to install seismic restraint systems?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>COMMISSION AND DECOMMISSION ELECTRICAL SYSTEMS</b> Is this candidate able to commission systems?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is this candidate able to perform start-up and shutdown procedures?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is this candidate able to decommission systems?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>COMMUNICATION AND MENTORING TECHNIQUES</b> Is this candidate able to use communication techniques?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is this candidate able to use mentoring techniques?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>CONSUMER/SUPPLY SERVICES AND METERING EQUIPMENT</b> Is this candidate able to install/maintain single-phase consumer/supply services and metering equipment?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is this candidate able to install/maintain three-phase consumer/supply services and metering equipment?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>PROTECTION DEVICES</b> Is this candidate able to Install/maintain overcurrent protection devices?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is this candidate able to Install/maintain ground fault, arc fault and surge protection devices?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>LOW VOLTAGE DISTRIBUTION SYSTEMS</b> Is this candidate able to Install/maintain low voltage distribution equipment?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>POWER CONDITIONING, UNINTERRUPTIBLE POWER SUPPLY (UPS) AND SURGE SUPPRESSION SYSTEMS</b> Is this candidate able to install/maintain power conditioning, ups and surge suppression systems?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>BONDING, GROUNDING, AND GROUND FAULT DETECTION SYSTEMS</b> Is this candidate able to install/maintain grounding and bonding systems?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is this candidate able to install/maintain ground fault detection systems?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>POWER GENERATION SYSTEMS</b> Is this candidate able to install/maintain AC (alternating current) generating systems?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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Job Tasks (61)	Declaration Response
Is this candidate able to install/maintain DC (direct current) generating systems?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>RENEWABLE ENERGY GENERATING AND STORAGE SYSTEMS</b> Is this candidate able to install/maintain renewable energy generating and storage systems?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>HIGH VOLTAGE SYSTEMS</b> Is this candidate able to install/maintain high voltage systems?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>TRANSFORMERS</b> Is this candidate able to install/maintain extra-low and low-voltage single-phase transformers?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is this candidate able to install/maintain low-voltage three-phase transformers?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is this candidate able to install/maintain high-voltage transformers?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>RACEWAYS, CABLES, AND ENCLOSURES</b> Is this candidate able to install/maintain conductors and cables?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is this candidate able to install/maintain raceways, boxes and fittings?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>BRANCH CIRCUITRY</b> Is this candidate able to install/maintain luminaires?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is this candidate able to install/maintain wiring devices?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is this candidate able to install/maintain lighting controls?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is this candidate able to install/maintain lighting standards?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is this candidate able to install/maintain airport runway lighting systems?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is this candidate able to install/maintain traffic signal lights and controls?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>HEATING, VENTILATING, AND AIR-CONDITIONING (HVAC) SYSTEMS</b> Is this candidate able to install/maintain HVAC systems and controls?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>EXIT AND EMERGENCY LIGHTING SYSTEMS</b> Is this candidate able to install/maintain exit and emergency lighting systems?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>CATHODIC PROTECTION SYSTEMS</b> Is this candidate able to install/maintain cathodic protection systems?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>MOTOR STARTERS AND CONTROLS</b> Is this candidate able to install/maintain motor starters and controls?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>DRIVES</b> Is this candidate able to install/maintain drives?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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<b>Job Tasks (61)</b>	<b>Declaration Response</b>
<b>NON-ROTATING EQUIPMENT AND ASSOCIATED CONTROLS</b> Is this candidate able to install/maintain non-rotating equipment and associated controls?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>MOTORS</b> Is this candidate able to install/maintain AC motors?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is this candidate able to install/maintain DC motors?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>SIGNALING SYSTEMS</b> Is this candidate able to install/maintain fire alarm systems?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is this candidate able to install/maintain security and surveillance systems?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>COMMUNICATION SYSTEMS</b> Is this candidate able to install/maintain Voice/Data/Video (VDV) systems?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is this candidate able to install/maintain public address (PA) and intercom systems?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is this candidate able to install/maintain nurse call systems?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>BUILDING AUTOMATION SYSTEMS</b> Is this candidate able to install/maintain building automation systems?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>AUTOMATED CONTROL SYSTEMS</b> Is this candidate able to install/maintain automated control systems?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is this candidate able to program automated control systems?	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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