





# PARTS AND WAREHOUSING PERSON 1

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

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. Cross out any job tasks you did not see the applicant perform.

Job Tasks	Declaration Response
<b>Warehouse Operations</b> Ethical behaviour in a warehouse environment; Human rights statutes in BC; Warehousing terminology and operations; Warehouse skill requirements; Warehouse technology and the relationship of the warehouse to other divisions within the enterprise.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Communications and Comprehension Skills</b> Recognize effective verbal communication skills; Basic written communication and various warehouse calculations.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Warehouse Safety Skills</b> Recognize basic first aid, safe work environment, regulations and procedures for the transporting of dangerous goods, WHMIS, safe lifting, carrying and repetitive strain injury control prevention. Applicable environment protection for the recycling of waste materials, fire and emergency response procedures and the components of a safety meeting.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Materials Handling, Operations and Procedures</b> Recognize receiving and related documentation; Distribution/stocking of incoming materials; Material storage; Filling orders from stock; Allocation of products; Packaging for the transportation of goods; Stock maintenance and processing returning items.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Materials Handling and Packaging Equipment</b> Recognize appropriate small tools for package handling; Manual handling equipment; Forklift truck operation and safety; Narrow aisle forklift truck operation safety and the safe operation of cranes and required rigging procedures.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Information Technology in Warehousing</b> Recognize information technology for warehousing and ethical use of work computers.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Enter the Supervisor and Applicant names from Page 1 on every page of this form

Supervisor First and Last Name:	Applicant First and Last Name:
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**E. Confirmation of Prerequisite Credentials or Certificates**

*For some trades, evidence that the applicant has earned prerequisite credentials or certificates is required before the individual is permitted to challenge certification or receive Supervision and Sign-Off Authority. For those trades, a current or previous employer must verify that the applicant has the required prerequisite credentials.*

There are no prerequisite credentials or certificates for this trade.

**F. 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 from Page 1 on every page of this form*

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