



PARTSPERSON (PARTSPERSON 3)

EMPLOYER DECLARATION OF WORK EXPERIENCE

ITA Customer Service
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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 you, as the direct supervisor of the applicant, have personally witnessed the applicant performing the job tasks listed.

Job Tasks (5)	Declaration Response
Occupational Skills Recognize tools and equipment; organize work; communicate with others	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Customer Service Recognize retail customers, wholesale customers, internal customers/technicians; general customer service and support	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Part Acquisition Recognize identifying parts; search inventory for parts; source parts	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Warehousing and Inventory Recognize handling parts and materials; manage inventory; perform shipping/receiving duties	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Business Practices Promote products and services; price products; process financial transactions	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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