



**GLAZIER
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 you, as the direct supervisor of the applicant, have personally witnessed the applicant performing the job tasks listed.

Job Tasks (53)	Declaration Response
PERFORMS SAFETY RELATED FUNCTIONS Maintains a safe work environment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Uses personal protective equipment (PPE) and safety equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
USES TOOLS AND EQUIPMENT Uses hand tools	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Uses portable and stationary power tools	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Uses layout and measuring equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Uses access equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
USES RIGGING, HOISTING AND LIFTING EQUIPMENT Uses rigging equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Uses hoisting and lifting equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
ORGANIZES WORK Uses documentation and reference material	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:
---------------------------------	--------------------------------



GLAZIER
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

Job Tasks (53)	Declaration Response
Interprets plans, drawings and specifications	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Prepares list of materials and supplies	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Plans project tasks	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
PERFORMS ROUTINE TRADE ACTIVITIES Prepares worksite	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Handles glass and other materials	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Prepares materials for installation	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Stores glass and other materials	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Performs glass cutting and edge treatment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs building envelope membranes	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs flashing	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Applies sealants	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
USES COMMUNICATION AND MENTORING TECHNIQUES Uses communication techniques	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Uses mentoring techniques	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
FABRICATES COMMERCIAL WINDOW AND DOOR SYSTEMS Fabricates curtain walls	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Fabricates storefronts	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Fabricates window systems	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:
---------------------------------	--------------------------------



GLAZIER
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

Job Tasks (53)	Declaration Response
Fabricates skylights and sloped glazing systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Fabricates entrance systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
INSTALLS COMMERCIAL WINDOW AND DOOR SYSTEMS Lays out commercial window and door systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs curtain wall systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs storefront systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs window systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs skylights and sloped glazing systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs entrance systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
INSTALLS RESIDENTIAL WINDOW SYSTEMS Lays out residential window systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Sets windows in openings	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Glazes windows	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
INSTALLS RESIDENTIAL DOOR SYSTEMS Lays out residential door systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Assembles residential door frames	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Sets residential doors and frames	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs residential door hardware	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Glazes residential doors	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:
---------------------------------	--------------------------------



GLAZIER
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

Job Tasks (53)	Declaration Response
FABRICATES AND INSTALLS COMMERCIAL SPECIALTY GLASS AND PRODUCTS Lays out commercial specialty glass and products	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Assembles commercial specialty glass, products and hardware	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs commercial specialty glass, products and hardware	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
FABRICATES AND INSTALLS RESIDENTIAL SPECIALTY GLASS AND PRODUCTS Lays out residential specialty glass and products	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Assembles residential specialty glass, products and hardware	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs residential specialty glass, products and hardware	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
SERVICES COMMERCIAL WINDOW AND DOOR SYSTEMS Assesses service requirements for commercial window and door systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Repairs commercial window and door systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
SERVICES RESIDENTIAL WINDOW AND DOOR SYSTEMS Assesses service requirements for residential window and door systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Repairs residential window and door systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
SERVICES SPECIALTY GLASS AND PRODUCTS Assesses service requirements for specialty glass and products	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Repairs specialty glass and products	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:
---------------------------------	--------------------------------



GLAZIER
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

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)
---------------------------------	-----------------------	---------------------------

Enter the supervisor and applicant names (repeat on every page of this form)

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