



INDUSTRIAL MECHANIC (MILLWRIGHT)

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 (23)	Declaration Response
Perform Safety Related Functions Use codes, regulations and standards; Use PPE and safety equipment; maintain safe worksite; perform lock-out, tag-out and zero-energy procedures	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use Tools and Equipment Use hand and portable power tools; use shop machines; use access equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Perform Routine Trade Activities Use mathematics and science; plan work; lubricate systems and components; perform leveling of components and systems; use fastening and retaining devices; use manufacturer, supplier and reference documentation; perform material identification; perform heat treatment of metal; use mechanical drawings and specifications	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use Communication and Mentoring Techniques Use communication techniques; use mentoring techniques	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Perform Measuring and Layout of Work Piece Prepare work area, tools and equipment; layout and fabricate work piece	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Perform Cutting and Welding Operations Cut material with oxy-fuel and plasma arc cutting equipment; weld material using shielded arc welding equipment (SMAW); weld material with gas metal arc welding equipment (GMAW); weld material with gas tungsten arc welding equipment (GTAW)	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Perform Rigging, Hoisting/Lifting and Moving Select and use sling and rigging attachments; select and use hoisting and lifting equipment; create a rigging plan	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Service Shafts, Bearings and Seals Select, install and maintain shafts, bearings, and seals	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 (23)	Declaration Response
Service Couplings, Clutches and Brakes Select, install and maintain couplings, clutches and brakes	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Service Chain and Belt Drive Systems Select, install, and maintain chain drive systems and belt drive systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Service Gear Systems Select and install gear systems; diagnose, maintain and repair gear systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Perform Shaft Alignment Procedures Perform rough alignment; perform dial alignment procedures; perform laser alignment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Service Fans and Blowers Select, install and maintain fans and blowers	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Service Pumps Identify and select positive and non-positive displacement pumps; Install, maintain and repair positive and non-positive displacement pumps	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Service Compressors Identify and select compressors; install, maintain and repair compressors	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Service Piping, Tanks and Containers Select, install, and maintain piping, and process tanks and containers	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Service Hydraulic Systems Identify hydraulic components; assemble hydraulic circuits; maintain and repair hydraulic systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Service Pneumatic and Vacuum Systems Identify pneumatic and vacuum components; assemble pneumatic and vacuum circuits; maintain and repair pneumatic and vacuum systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Service Conveying Systems Identify conveying system components; assemble conveying systems; maintain and repair conveying systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Service Prime Movers Service electric motors; service internal combustion engines; service turbines	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Perform Preventative and Predictive Maintenance Perform preventative and predictive maintenance activities; perform vibration analysis procedures; perform balancing procedures; perform non-destructive evaluation (NDE) procedures	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Perform Commissioning and Decommissioning of Equipment Commission and decommission systems and components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Service Robotics and Automated Equipment Service robotics and automated equipment	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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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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