

For the purpose of obtaining an **Industrial Construction Crew Supervisor (ICCS)** Journeyperson Certificate through the Trades Qualifier - Work Experience program, the *Employer Assessment of Competency* is:

- Recognized by the Alberta Board of Skilled Trades (ABST),
- Used by an employer to verify competencies (supervisory duties in the industrial construction industry) required for the ICCS certificate, and
- Completed by both the candidate's immediate supervisor AND a senior company official with signing authority.

A previous or Canadian non-Alberta employer should complete the form only if satisfied the candidate has successfully demonstrated all the required competencies and the candidate must have been employed within five years of the candidate's application.

Requirements for ICCS certification:

- 24 months and 1000 hours of on-the-job work experience,
- Completion of the *Employer Assessment of Competency*, and
- Successful completion of a multiple-choice written examination administered by Apprenticeship and Industry Training (AIT).

For a complete description of the scope of the trade, competency profile, and the complete application procedure, please see the AIT website at www.tradesecrets.alberta.ca. The ICCS Competency Profile posted on the Tradesecrets website should be reviewed prior to completing this assessment.

Instructions for ICCS *Employer Assessment of Competency*:

Part 1 - completed by candidate's **immediate supervisor**:

- Confirm whether the applicant has demonstrated the required competencies during the period of assessment with the organization.
- The candidate can be considered competent when he/she is able to perform the required tasks without supervision

Part 2 - completed by a **senior company official with signing authority**:

- Declares he/she has made inquiries of the candidate's immediate supervisor to confirm the candidate is functioning at the skill level and carrying out the tasks expected of a certified person in the trade.

The candidate must scan or take a photo of the completed *Employer Assessment of Competency* and upload it to their [MyTradesecrets \(MTS\)](#) account by clicking the Upload button in the Documents tab.

The information provided is subject to verification by AIT.

Candidate's Name: _____ **Date of Birth:** _____

<u>PART 1: TO BE COMPLETED BY THE CANDIDATE'S IMMEDIATE SUPERVISOR</u>	Reply Below
By checking "Yes" or "No" in the <i>Reply</i> column, indicates whether the applicant demonstrated the following competencies during the period of assessment with your organization.	
Documentation and Record Keeping (section 1A) Able to read, interpret and create reports and records related to crew supervision and construction project management.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Verbal Communication (section 1B) Is an effective communicator with crew members, supervisors, clients, other trades, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Formal Communication (section 1C) Evaluates and selects the appropriate form of communication for dealing with crew members, supervisors, suppliers, customers, and other personnel associated with the worksite.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Leadership Skills (section 1D) Creates and leads an effective, cohesive team of skilled workers.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Managing Compliance (section 2A) Has a thorough knowledge and understanding level of the legal responsibilities of the employer and the employee regarding safety, the use of materials hazardous to health or the environment, and work site or employer specific rules and policies governing the crew and crew activities.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Managing Material and Resources (section 3A) Ensures resources required to keep the job on track and crew working efficiently are available with minimal waste.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Managing Job Quality (section 4A) Ensures jobs are done to all applicable standards.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Managing Performance (section 5A) Motivates crew members to work efficiently without waste.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Supervision (section 5B) Communicates all applicable rules, regulations, policies to crew members as required, and ensure that crew members are properly trained to perform their assigned tasks.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of candidate's supervisor (printed): _____ Signature: _____	

All information provided may be verified by Apprenticeship and Industry Training.

PART 2: EMPLOYER DECLARATION (MUST BE COMPLETED BY A SENIOR COMPANY OFFICIAL WITH SIGNING AUTHORITY):

I hereby declare I have made inquiries with the candidate's supervisor and am satisfied the candidate has demonstrated competence in performing tasks at the skill level of a certified person in the trade.

Signature: _____	Date: YYYY/MM/DD _____
-------------------------	-------------------------------

Employer contact information:

Print name: _____ Title/position: _____
 Company/organization: _____
 Address: _____ Postal code: _____
 Email: _____ Phone number: _____