

WELDING SUPERVISOR'S RESUME

Welding Supervisor Candidate: _____ (PLEASE PRINT NAME)
Company Name: _____

Mailing Address: _____
City: _____ Prov./State: _____ Country: _____ Postal Code: _____
Phone: _____ Fax: _____ Email: _____

WELDING RELATED WORK EXPERIENCE:

(As a minimum list all employers over the past 5 years. Attach an additional sheet if more space is required)

NAME OF COMPANY	FROM MM / YYYY	TO MM / YYYY	Indicate Job Title, Primary Duties Performed and/or Responsibilities Held
		Present	

My total years of fabrication related experience is: _____

I have worked in the following industrial sectors:

- Structural Steel Fabrication and/or Maintenance Transportation Equipment Pressure Vessels
 Oil and Gas Mining Elevating Devices Shipbuilding Aviation Custom Fabrication
 Other (Specify): _____

I am an experienced welder with the following processes:

Process

- SMAW
 GMAW
 FCAW
 SAW
 GTAW
 Other _____

Welding Positions (FHVO)	Qualifications Obtained	Qualifying Authority (e.g. CWB)

I have received training on or I understand the operation of the following inspection processes:

- Visual Radiography Ultrasonic Magnetic Particle Liquid Penetrant Other (Specify): _____

I have used the following inspection processes:

- Visual Radiography Ultrasonic Magnetic Particle Liquid Penetrant Other (Specify): _____

I have used the following material preparation processes:

- Mechanical Cutting Oxyfuel Gas Cutting Plasma Arc Cutting Air Carbon Arc Cutting & Gouging
 Water Jet Laser Beam Other (Specify): _____

My work experience included use of the following heat treating processes:

- Preheating Stress Relieving Annealing Hardening Normalizing Solution Heat Treatment & Aging
 Tempering Other (Specify): _____

I have welded the following materials:

- Carbon Steel High Strength Low Alloy Steel Quenched & Tempered Steel Stainless Steel Sheet Steel
 Reinforcing Aluminum Other (Specify): _____

EDUCATION: WELDING, FABRICATION, OR OTHER RELATED COURSES

(Attach separate list if more space required)

NAME OF COURSE	NAME OF INSTITUTION	LOCATION	START OF COURSE	END OF COURSE
			MM / YYYY	MM / YYYY

PLEASE SELECT ONE OF THE FOLLOWING FOUR OPTIONS FOR QUALIFICATION AS A WELDING SUPERVISOR:

- I wish to qualify as a welding supervisor by writing the welding supervisor examinations.
- I wish to qualify as a welding supervisor by writing the CSA W178.2 examinations for certification as a welding inspector. Enclosed with this resume is my completed W178.2 application (Form 450) and my Proof of Vision Requirement (Form 455).
- I am currently certified to CSA Standard W178.2, Certification of Welding Inspectors, and my certification includes accreditation for CSA Standards W47.1 and W59.

Level _____ Reg. No. _____

- I qualified as a Welding Supervisor while employed by: _____

NOTE: DOCUMENTATION TO SUBSTANTIATE EDUCATIONAL, EXAMINATION CLAIMS OR CLAIMS OF PRIOR ACCEPTANCE MADE ABOVE MUST BE INCLUDED WITH THIS APPLICATION. FAILURE TO PROVIDE THE SUPPLEMENTARY INFORMATION REQUESTED WILL NECESSITATE RETURN OF THIS FORM AND DELAY THE PROCESSING OF ACCEPTANCE.

Candidate's Signature

DATE	_____
	MM / DD / YYYY

PLEASE SUBMIT ORIGINAL TO THE CWB AND RETAIN A COPY FOR YOUR FILE.

FOR CWB USE ONLY

	DATE		
	MM / DD / YYYY		
W/S Designated			Please initial acceptance
Experience accepted			
Exams completed			
Verbal Exam completed			

Years of experience pertinent to Company's welding operations on Resume _____

Education reduction (years) if applicable _____

Welding Supervisor has completed an acceptable Welding Engineering Technician or Welding Engineering Technologist course Yes No

Indicate if Welding Supervisor was previously accepted under this CSA Standard

DATE	_____
	MM / DD / YYYY

Indicate if Welding Supervisor was previously accepted for other CSA Standards

DATE	_____
	MM / DD / YYYY

From the information made available to me, this Welding Supervisor has met all of the qualification requirements of the pertinent CSA Standard.

Signature

DATE	_____
	MM / DD / YYYY

FOR CSA W47.2 ONLY
This Supervisor is a qualified welder for all welding positions shown in approved Procedures <input type="checkbox"/> Yes <input type="checkbox"/> No
The Welding Supervisor's delegate (Name) _____ is qualified in lieu of this Supervisor. <input type="checkbox"/> Yes <input type="checkbox"/> No