

This form is used to declare work experience for periods during which you were self-employed, or a previous employer will not complete an Employer Declaration.

Note: Unless your work experience was gained through self-employment, applications must be accompanied by at least one Employer Declaration. For more information, see Instructions for Certification Challenge or Supervision and Sign-off Authority.

“Baker” means a person who is responsible for the preparation and production of all baked foods. Bakers prepare bread, rolls, muffins, pies, pastries, cakes and cookies in retail and wholesale bakeries and dining establishments.

To qualify to challenge certification in this trade or be granted authority to supervise and sign-off on apprentices in this trade, individuals must have:

- worked a minimum of **7,560 hours** performing the tasks listed in Section D,
- experience performing at least **70%** of the job tasks listed in Section D, and
- valid **FOODSAFE Level 1 Certification (BC Program)** OR **equivalent** (see BCCDC for accepted equivalencies), (**attach copy of document**).

A. Applicant Name

Legal First Name:	Legal Middle Name(s):	Legal Last Name:
-------------------	-----------------------	------------------

B. Self-Employment or Employment Information of Applicant

Enter the contact information for your own business if you are self-employed or your previous employer who will not complete an Employer Declaration.

Name of Organization/Employer/Business:		Business Registration Number: (Self-Employment only)
Address (Street Name/Number, Building/Unit Number):		City:
Province/ State:	Country:	Postal Code/ Zip Code:
Business Phone Number: ()	Email Address:	Website:

Enter the dates and number of hours for this period of employment or self-employment. You may combine multiple periods of self-employment on one form, but you must separate periods of employment with different employers on separate forms.

Dates of Employment (MM/DD/YYYY): From: To:	Total Number Hours of Baker Experience Accumulated in Period:
Job Title of Applicant:	

BAKER
STATUTORY DECLARATION
OF WORK EXPERIENCE

SkilledTradesBC 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@skilledtradesbc.ca

C. Reason for Statutory Declaration

Indicate why a Statutory Declaration is required for this period of employment:

- ☐ Applicant was self-employed ☐ Employer will/can not complete Employer Declaration

Applicants **must** attempt to contact current or previous employers to request an Employer Declaration to be filled out and signed.

If you have been unable to obtain an Employer Declaration for any portion of your non-self-employed work experience, **indicate the steps you have taken to try to obtain it.**

D. Statutory Declaration of Job Task Performance

By checking in the appropriate column, indicate how often you have performed the job tasks listed below during the period indicated in Section B.

Job tasks	Frequently	Occasionally	Never
PERFORMS COMMON OCCUPATIONAL SKILLS			
Performs safety- and hygiene-related functions			
Maintains safe work environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses personal protective equipment (PPE) and safety equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintains professional appearance and personal hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practices food safety procedures			
Maintains safe condition and temperature of raw ingredients and finished products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prevents cross-contamination of raw ingredients and finished products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleans and sanitizes tools and equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses and maintains tools and equipment			
Uses non-mechanized tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Enter the applicant's initials on every page of this form

I hereby certify, that to the best of my knowledge, the information I am providing is true and accurate.	Applicant's Initials:
--	-----------------------

BAKER
STATUTORY DECLARATION
OF WORK EXPERIENCE

SkilledTradesBC 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@skilledtradesbc.ca

Job tasks	Frequently	Occasionally	Never
Uses mechanized tools and equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizes work			
Schedules production and workflow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizes workplace and workspace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manages products and information			
Orders products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receives products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manages inventory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performs quality control assessments on bakery products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stores bakery products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Packages bakery products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performs routine work practices			
Performs portion control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses convenience foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses formulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applies dietary information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adapts baking practices to meet dietary requirements			
Adapts bakery practices to meet dietary requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Selects ingredients to meet dietary requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepares food to meet dietary requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses communication and mentoring techniques			
Uses communication techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses mentoring techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PREPARES FERMENTED GOODS			
Prepares pre-ferment			
Mixes ingredients for pre-ferment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manages pre-ferment process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepares dough			
Manages dough temperature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Enter the applicant's initials on every page of this form

I hereby certify, that to the best of my knowledge, the information I am providing is true and accurate.	Applicant's Initials:
--	-----------------------

BAKER
STATUTORY DECLARATION
OF WORK EXPERIENCE

SkilledTradesBC 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@skilledtradesbc.ca

Job tasks	Frequently	Occasionally	Never
Mixes ingredients for fermented goods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manages bulk fermentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forms dough			
Divides dough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shapes dough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitors final proof of dough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forms laminated dough			
Laminates dough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performs make-up of laminated dough products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitors final proof of laminated dough products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finishes fermented goods			
Applies pre-bake finish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bakes fermented goods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deep-fries fermented goods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PREPARES COOKIES, BARS, QUICK BREADS, PASTRY DOUGHS AND CAKES			
Prepares cookies and bars			
Mixes cookie and bar ingredients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performs make-up of cookies and bars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bakes cookies and bars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepares quick breads			
Mixes quick bread ingredients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performs make-up of quick breads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bakes quick breads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepares pastry doughs			
Mixes pastry dough ingredients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performs make-up of pastry doughs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bakes pastry doughs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepares cakes			
Mixes cake ingredients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Enter the applicant's initials on every page of this form

I hereby certify, that to the best of my knowledge, the information I am providing is true and accurate.	Applicant's Initials:
--	-----------------------

BAKER
**STATUTORY DECLARATION
OF WORK EXPERIENCE**

SkilledTradesBC 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@skilledtradesbc.ca

Job tasks	Frequently	Occasionally	Never
Portions mixture for cakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bakes cakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PERFORMS ASSEMBLY AND FINISHING			
Prepares creams, custards, sweet fillings, decorating pastes and icings			
Performs make-up of creams, custards, sweet fillings, decorating pastes and icings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooks creams, custards and sweet fillings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Holds products for use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepares savoury fillings			
Performs make-up of savoury fillings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Holds savoury fillings for use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Portions savoury fillings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepares sauces, glazes and garnishes			
Performs make-up of sauces and glazes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performs make-up of garnishes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Holds sauces, glazes and garnishes for use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assembles and bakes sweet and savoury pastries			
Performs make-up and assembly of sweet and savoury pastries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bakes sweet and savoury pastries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assembles cakes and other baked goods			
Performs make-up and assembly of cakes and other baked goods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Portions cakes and other baked goods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decorates and finishes baked goods			
Applies sauces, toppings and glazes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applies garnishes and decorative products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PREPARES CHOCOLATE, CONFECTIONS AND SUGAR WORK			
Prepares chocolate			
Selects quality and types of chocolate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepares fillings for chocolate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepares couvertures and compounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Enter the applicant's initials on every page of this form

I hereby certify, that to the best of my knowledge, the information I am providing is true and accurate.	Applicant's Initials:
--	-----------------------

BAKER
STATUTORY DECLARATION
OF WORK EXPERIENCE

SkilledTradesBC 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@skilledtradesbc.ca

Job tasks	Frequently	Occasionally	Never
Uses couvertures and compounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepares confections and sugar work			
Boils sugar and sugar substitutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forms sugar and sugar substitutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creates artistic garnishes and sugar work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepares confections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PREPARES DESSERTS, ICE CREAMS AND ICES			
Prepares plated desserts			
Plans plate design	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assembles components	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepares ice creams and ices			
Prepares bases for ice creams and ices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performs make-up of ice creams and ices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepares frozen desserts			
Performs make-up of frozen dessert components	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assembles frozen dessert components	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Holds frozen desserts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E. Applicant Signature

I certify that the information I have provided is true and 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.)

Applicant Name (please print):	Applicant Signature:	Date: (MM/DD/YYYY)
--------------------------------	----------------------	--------------------

Enter the applicant's initials on every page of this form

I hereby certify, that to the best of my knowledge, the information I am providing is true and accurate.	Applicant's Initials:
--	-----------------------

BAKER
STATUTORY DECLARATION
OF WORK EXPERIENCE

SkilledTradesBC 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@skilledtradesbc.ca

F. References

Minimum of Three References must accompany **each Statutory Declaration form**. Include names and contact information of minimum three individuals who can attest to your hours and/or scope of trade. References listed must be related to the organization and period of employment listed in Section B of this form.

Each individual listed will be contacted by SkilledTradesBC to verify the information provided on your application.

1. Reference

Relationship to Applicant: <input type="checkbox"/> Former Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Supplier <input type="checkbox"/> Co-worker <input type="checkbox"/> Client <input type="checkbox"/> Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:		
First and Last Name of Reference:	Language(s) that reference can communicate: (Check all that apply) <input type="checkbox"/> English <input type="checkbox"/> Other (specify):	
Organization/Business Name:	Position/Title:	
Phone Number:	Email Address:	

2. Reference

Relationship to Applicant: <input type="checkbox"/> Former Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Supplier <input type="checkbox"/> Co-worker <input type="checkbox"/> Client <input type="checkbox"/> Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:		
First and Last Name of Reference:	Language(s) that reference can communicate: (Check all that apply) <input type="checkbox"/> English <input type="checkbox"/> Other (specify):	
Organization/Business Name:	Position/Title:	
Phone Number:	Email Address:	

3. Reference

Relationship to Applicant: <input type="checkbox"/> Former Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Supplier <input type="checkbox"/> Co-worker <input type="checkbox"/> Client <input type="checkbox"/> Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:		
First and Last Name of Reference:	Language(s) that reference can communicate: (Check all that apply) <input type="checkbox"/> English <input type="checkbox"/> Other (specify):	
Organization/Business Name:	Position/Title:	
Phone Number:	Email Address:	

Enter the applicant's initials on every page of this form

I hereby certify, that to the best of my knowledge, the information I am providing is true and accurate.	Applicant's Initials:
--	-----------------------