

EMPLOYER 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

This form is used to declare work experience for periods of employment and must be completed by a **direct supervisor of the applicant**, who will be contacted by SkilledTradesBC.

Note: An Employer Declaration of Work Experience form must be completed for each period of employment.

This form is not to be used for periods of self-employment. 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

Enter the name of the individual for whom this form is being completed.

Legal First Name:	Legal Middle Name(s):	Legal Last Name:
B. Employment Information of Enter the business information for the applic		I for this trade
		Tor this trade.
Name of Organization/Employer/Business		
Address (Street Name/Number, Building/U	Jnit Number):	City:
Province/ State:	Country:	Postal Code/ Zip Code:
Business Phone Number:	Website:	
Enter the dates and number of hours for th	is period of employment.	
Dates of Applicant's Employment (MM/DE	O/YYYY): Total Nu	mber Hours of Baker Experience Accumulated in Period:
From: To:		
Job Title of Applicant:	1	



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Supervisor Contact Information C.

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 p	person cannot be	contacted by Skille	edTradesBC.	
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: (ch	leck all that app	ly)		
☐ English ☐ Other (please sp	ecify):			
D. Supervisor Declaration of Job Task Performs	ance of App	licant		
By checking "Yes" or "No" in the Declaration Response column, ind personally witnessed the applicant performing the job tasks listed.	icate whether yo	u, as the direct supe	ervisor of the applica	nt, have
Job tasks		Frequently	Occasionally	Never
PERFORMS COMMON OCCUPATIONAL SKILLS				
Performs safety- and hygiene-related functions				
Maintains safe work environment				
Uses personal protective equipment (PPE) and safety equipmen	nt			
Maintains professional appearance and personal hygiene				
Practices food safety procedures				
Maintains safe condition and temperature of raw ingredients at products	nd finished			
Prevents cross-contamination of raw ingredients and finished p	products			
Cleans and sanitizes tools and equipment				
Uses and maintains tools and equipment				
Uses non-mechanized tools				
Uses mechanized tools and equipment				
Organizes work				
Schedules production and workflow				
Organizes workplace and workspace				
Enter the supervisor's name and initials (repeat on every page of this	s form)			
Supervisor First and Last Name (Please Print):				
I hereby certify, that to the best of my knowledge, the information I am providing as a current or past supervisor of the applicant (as named on page 1 of this document), is true and accurate.				

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Job tasks	Frequently	Occasionally	Never
Manages products and information			
Orders products			
Receives products			
Manages inventory			
Performs quality control assessments on bakery products			
Stores bakery products			
Packages bakery products			
Performs routine work practices			
Performs portion control			
Uses convenience foods			
Uses formulations			
Applies dietary information			
Adapts baking practices to meet dietary requirements			
Adapts bakery practices to meet dietary requirements			
Selects ingredients to meet dietary requirements			
Prepares food to meet dietary requirements			
Uses communication and mentoring techniques			
Uses communication techniques			
Uses mentoring techniques			
PREPARES FERMENTED GOODS			
Prepares pre-ferment			
Mixes ingredients for pre-ferment			
Manages pre-ferment process			
Prepares dough			
Manages dough temperature			
Mixes ingredients for fermented goods			
Manages bulk fermentation			
	I		

Supervisor First and Last Name (Please Print):	
I hereby certify, that to the best of my knowledge, the information I am providing as a current or past supervisor of the applicant (as named on page 1 of this document), is true and accurate.	Supervisor's Initials:



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Job tasks	Frequently	Occasionally	Never
Forms dough			
Divides dough			
Shapes dough			
Monitors final proof of dough			
Forms laminated dough			
Laminates dough			
Performs make-up of laminated dough products			
Monitors final proof of laminated dough products			
Finishes fermented goods			
Applies pre-bake finish			
Bakes fermented goods			
Deep-fries fermented goods			
PREPARES COOKIES, BARS, QUICK BREADS, PASTRY DOUGHS AND CAKES			
Prepares cookies and bars			
Mixes cookie and bar ingredients			
Performs make-up of cookies and bars			
Bakes cookies and bars			
Prepares quick breads			
Mixes quick bread ingredients			
Performs make-up of quick breads			
Bakes quick breads			
Prepares pastry doughs			
Mixes pastry dough ingredients			
Performs make-up of pastry doughs			
Bakes pastry doughs			
Prepares cakes			
Mixes cake ingredients			
Enter the supervisor's name and initials (repeat on every page of this form) Supervisor First and Last Name (Please Print):			

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Job tasks	Frequently	Occasionally	Never
Portions mixture for cakes			
Bakes cakes			
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			
Cooks creams, custards and sweet fillings			
Holds products for use			
Prepares savoury fillings			
Performs make-up of savoury fillings			
Holds savoury fillings for use			
Portions savoury fillings			
Prepares sauces, glazes and garnishes			
Performs make-up of sauces and glazes			
Performs make-up of garnishes			
Holds sauces, glazes and garnishes for use			
Assembles and bakes sweet and savoury pastries			
Performs make-up and assembly of sweet and savoury pastries			
Bakes sweet and savoury pastries			
Assembles cakes and other baked goods			
Performs make-up and assembly of cakes and other baked goods			
Portions cakes and other baked goods			
Decorates and finishes baked goods			
Applies sauces, toppings and glazes			
Applies garnishes and decorative products			
PREPARES CHOCOLATE, CONFECTIONS AND SUGAR WORK			
Prepares chocolate			
Selects quality and types of chocolate			
Enter the supervisor's name and initials (repeat on every page of this form)	I		
Supervisor First and Last Name (Please Print):			
I hereby certify, that to the best of my knowledge, the information I am providing supervisor of the applicant (as named on page 1 of this document), is true and ac		st Supervisor's I	nitials:



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Supervisor's Initials:

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Prepares convertures and compounds Uses convertures and compounds Uses convertures and compounds Uses convertures and compounds Boils sugar work Boils sugar and sugar substitutes Creates artistic garnishes and sugar work Prepares confections Prepares confections Prepares confections Prepares confections Prepares confections PREPARES DESSERTS, ICE CREAMS AND ICES Prepares plated desserts Plans plate design Assembles components Prepares ice creams and ices Prepares hases for ice creams and ices Prepares hases for ice creams and ices Prepares make-up of ice creams and ices Prepares frozen desserts Performs make-up of frozen dessert components Beautiful that the information of the force of the applicant, 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.) Supervisor Signature: Date Signed: (MM/DD/YYYY) Supervisor First and Last Name (Please Print):	Job tasks	Frequently	Occasionally	Never
Uses couvertures and compounds	Prepares fillings for chocolate			
Prepares confections and sugar work Boils sugar and sugar substitutes Forms sugar and sugar substitutes Creates artistic garnishes and sugar work Prepares confections PREPARES DESSERTS, ICE CREAMS AND ICES Prepares plated desserts Plans plate design Assembles components Prepares ice creams and ices Prepares loese for ice creams and ices Prepares bases for ice creams and ices Preforms make-up of ice creams and ices Prepares frozen desserts Performs make-up of frozen dessert components Assembles frozen dessert components Holds frozen desserts Captive that the information I, as the current or former direct supervisor of the applicant, have provided is true and accurate. (Note: Collection and protection of personal information and Protection of Privacy Act.) Supervisor Signature: Date Signed: (MM/DD/YYYY) Enter the supervisor's name and initials (repeat on every page of this form)	Prepares couvertures and compounds			
Boils sugar and sugar substitutes Forms sugar and sugar substitutes Creates artistic garnishes and sugar work Prepares confections PREPARES DESSERTS, ICE CREAMS AND ICES Prepares plated desserts Plans plate design Assembles components Prepares ice creams and ices Prepares loce creams and ices Prepares forzen desserts Performs make-up of ice creams and ices Prepares frozen desserts Performs make-up of frozen dessert components Assembles frozen desserts Performs make-up of prozen dessert components Assembles frozen desserts Performs make-up of prozen dessert components Assembles frozen dessert components Letrify that the information I, as the current or former direct supervisor of the applicant, 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.) Enter the supervisor's name and initials (repeat on every page of this form)	Uses couvertures and compounds			
Forms sugar and sugar substitutes Creates artistic garnishes and sugar work Prepares confections PREPARES DESSERTS, ICE CREAMS AND ICES Prepares plated desserts Plans plate design Assembles components Prepares loc creams and ices Prepares bases for ice creams and ices Prepares frozen desserts Performs make-up of ice creams and ices Prepares frozen dessert components Belians plated dessert tomponents Prepares bases for ice creams and ices Prepares frozen desserts Performs make-up of frozen dessert components Assembles frozen dessert components Components Holds frozen dessert components Belians plated 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.) Enter the supervisor's name and initials (repeat on every page of this form)	Prepares confections and sugar work			
Creates artistic garnishes and sugar work Prepares confections PREPARES DESSERTS, ICE CREAMS AND ICES Prepares plated desserts Plans plate design Assembles components Prepares loc creams and ices Prepares loc creams and ices Prepares bases for ice creams and ices Prepares frozen desserts Performs make-up of ice creams and ices Prepares frozen desserts Performs make-up of frozen dessert components Assembles frozen dessert components Belias frozen desserts Calculation of Prepares dessert components Body of the applicant, 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.) Enter the supervisor's name and Initials (repeat on every page of this form)	Boils sugar and sugar substitutes			
Prepares confections	Forms sugar and sugar substitutes			
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Prepares plated desserts Plans plate design Assembles components Prepares ice creams and ices Prepares bases for ice creams and ices Performs make-up of ice creams and ices Performs make-up of frozen desserts Performs make-up of frozen dessert components Performs make-up of frozen dessert components Performs make-up of frozen dessert components Belief to the information I, as the current or former direct supervisor of the applicant, 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.) Enter the supervisor's name and initials (repeat on every page of this form)	Prepares confections			
Plans plate design	PREPARES DESSERTS, ICE CREAMS AND ICES			
Assembles components	Prepares plated desserts			
Prepares ice creams and ices Prepares bases for ice creams and ices Performs make-up of ice creams and ices Performs make-up of foze creams and ices Performs make-up of frozen desserts Performs make-up of frozen dessert components Assembles frozen dessert components Holds frozen desserts	Plans plate design			
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Performs make-up of ice creams and ices Prepares frozen desserts Performs make-up of frozen dessert components Assembles frozen dessert components Holds frozen desserts B. Supervisor Signature E. Supervisor Signature I certify that the information I, as the current or former direct supervisor of the applicant, 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.) Enter the supervisor's name and initials (repeat on every page of this form)	Prepares ice creams and ices			
Prepares frozen desserts Performs make-up of frozen dessert components Assembles frozen dessert components Holds frozen desserts C. Supervisor Signature I certify that the information I, as the current or former direct supervisor of the applicant, 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.) Supervisor Signature: Date Signed: (MM/DD/YYYY) Enter the supervisor's name and initials (repeat on every page of this form)	Prepares bases for ice creams and ices			
Performs make-up of frozen dessert components Assembles frozen dessert components Holds frozen desserts B. Supervisor Signature I certify that the information I, as the current or former direct supervisor of the applicant, 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.) Supervisor Signature: Date Signed: (MM/DD/YYYY) Enter the supervisor's name and initials (repeat on every page of this form)	Performs make-up of ice creams and ices			
Assembles frozen dessert components Holds frozen desserts	Prepares frozen desserts			
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			Date Signed: (M	IM/DD/YYYY)
	* * * * * * * * * * * * * * * * * * * *			

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