

MEATCUTTER

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.

“Meatcutter” means a person who breaks down carcasses, cuts meat to industry specifications using hand and power tools in a safe and sanitary manner, and/or has a basic understanding of handling meat carcasses. A meatcutter orders, handles and prepares for sale a variety of meat, poultry, and seafood products, manufacturers prepared meat products, and handles cured meat products for sale. A meatcutter also has knowledge of ordering and inventory control and of human and customer relations.

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 **6,750 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:
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B. Employment Information of Applicant

Enter the business information for the applicant’s period of employment declared for this trade.

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

Enter the dates and number of hours for this period of employment.

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

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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 SkilledTradesBC.

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)	
☐ English ☐ Other (please specify):	

D. Supervisor Declaration of Job Task Performance of Applicant

By checking the appropriate column, indicate how often the applicant has demonstrated the skills in the areas listed below during their employment with you.

JOB TASKS	Frequently	Occasionally	Never
Occupational Skills			
Roles and responsibilities in the workplace, professionalism	☐	☐	☐
Follows safe work practices	☐	☐	☐
Follows safe food handling practices	☐	☐	☐
Maintains workplace and personal hygiene	☐	☐	☐
Uses and common maintenance of tools and equipment	☐	☐	☐
Receives and storages procedures	☐	☐	☐
Orders and inventory	☐	☐	☐
Trade math, converting weights and measures	☐	☐	☐
Pricing, mark-up, and cost analysis	☐	☐	☐
Applies customer service procedures	☐	☐	☐
Team building, leadership, and conflict resolution	☐	☐	☐
Retail packaging, labelling, and merchandizing	☐	☐	☐
Handling Meat, Poultry, And Seafood			
Has knowledge of nutrition, characteristics, and diseases associated with meat and seafood	☐	☐	☐

Supervisor must enter name and initials on every page of this 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.	Supervisor's Initials:

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JOB TASKS	Frequently	Occasionally	Never
Inspection and grading procedures and regulations for meat and poultry	☐	☐	☐
Handles and stores meats, poultry and seafood	☐	☐	☐
Applies deboning, trimming, portion cutting, and tying techniques	☐	☐	☐
Identifies cooking potential of meats, poultry and seafood	☐	☐	☐
Beef			
Breaks beef into primals	☐	☐	☐
Cuts and processes beef sub-primals	☐	☐	☐
Cuts retail and specialty cuts of beef	☐	☐	☐
Veal			
Breaks veal into primal cuts	☐	☐	☐
Cuts and processes veal sub-primals	☐	☐	☐
Cuts retail and specialty cuts of veal	☐	☐	☐
Pork			
Breaks pork into primal cuts	☐	☐	☐
Cuts and processes sub-primals of pork	☐	☐	☐
Cuts retail and specialty cuts of pork	☐	☐	☐
Lamb			
Breaks lamb into primal cuts	☐	☐	☐
Cuts and processes sub-primals of lamb	☐	☐	☐
Cuts retail and specialty cuts of lamb	☐	☐	☐
Poultry			
Breaks down whole birds	☐	☐	☐
Cuts retail and specialty cuts of poultry	☐	☐	☐
Seafood & Freshwater Fish			
Identifies common market forms of fish and shellfish	☐	☐	☐

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JOB TASKS	Frequently	Occasionally	Never
Cuts and portions fish	☐	☐	☐
Cleans and portions shellfish and specialty seafood products	☐	☐	☐
Game			
Breaks game into primal cuts	☐	☐	☐
Cuts and processes sub-primals of game	☐	☐	☐
Cuts retail and specialty cuts of game	☐	☐	☐
Processed Products			
Prepares fresh sausages	☐	☐	☐
Prepares ready to serve and cured meat products	☐	☐	☐

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.)

Supervisor Signature:	Date Signed: (MM/DD/YYYY)
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Supervisor must enter name and initials on every page of this 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.	Supervisor's Initials: