MEATCUTTER

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

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.

"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

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)
Business 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 **Meatcutter** Experience Accumulated in Period:
Job Title of Applicant:	

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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
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	☐	☐	☐

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:

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JOB TASKS	Frequently	Occasionally	Never
Retail packaging, labelling, and merchandizing	☐	☐	☐
Handling Meat, Poultry, And Seafood			
Has knowledge of nutrition, characteristics, and diseases associated with meat and seafood	☐	☐	☐
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	☐	☐	☐

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JOB TASKS	Frequently	Occasionally	Never
Cuts retail and specialty cuts of poultry	☐	☐	☐
Seafood & Freshwater Fish			
Identifies common market forms of fish and shellfish	☐	☐	☐
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. 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

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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:	☐ Former Employee	☐ Contractor	☐ Supplier
	☐ Co-worker	☐ Client	☐ 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) ☐ English		☐ Other (specify):
Organization/Business Name:		Position/Title:	
Phone Number:		Email Address:	

2. Reference

Relationship to Applicant:	☐ Former Employee	☐ Contractor	☐ Supplier
	☐ Co-worker	☐ Client	☐ 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) ☐ English		☐ Other (specify):
Organization/Business Name:		Position/Title:	
Phone Number:		Email Address:	

3. Reference

Relationship to Applicant:	☐ Former Employee	☐ Contractor	☐ Supplier
	☐ Co-worker	☐ Client	☐ 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) ☐ English		☐ 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: