PROFESSIONAL COOK 1

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.

"Cook" means a person who performs all phases of kitchen activities including the preparation and presentation of vegetables, soups, sauces, meat, fish and poultry, cold kitchen items; desserts, baking, pastry; basic menu planning/costing as well as knowledge of safety, sanitation and food storage, and who has a knowledge of human and customer relations.

A "Professional Cook 1" usually works in a supervised environment and performs basic cooking and food preparation tasks utilizing knife skills, correct terminology, and a variety of cooking methods. They must be able to follow recipes, weigh and measure food accurately, and have an understanding of the major techniques and principles used in cooking, baking, and other aspects of food preparation. At this level, a Professional Cook should have a solid foundation of culinary skill.

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 **1,000 hours** (Challenge) or **5,000 hours** (Sign-Off Authority) 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 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): From: To:	Total Number Hours of Professional Cook 1 Experience Accumulated in Period:
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			
Follow roles and responsibilities in the kitchen	☐	☐	☐
Apply safe work practices	☐	☐	☐
Apply food safety standards	☐	☐	☐
Use tools and equipment; follow and convert recipes	☐	☐	☐
Use common menu terminology	☐	☐	☐
Receive and store supplies; handle waste appropriately	☐	☐	☐
Apply principles of seasoning and basic ingredient knowledge	☐	☐	☐
Stocks, Soups And Sauces			
Prepare stocks from scratch	☐	☐	☐
Use thickening agents	☐	☐	☐
Prepare basic soups (clear, cream, purée) from scratch	☐	☐	☐
Prepare basic sauces (white, blonde, brown, purée, emulsion)	☐	☐	☐

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
Vegetables And Fruits			
Prepare common vegetables	☐	☐	☐
Prepare fruits	☐	☐	☐
Starches			
Prepare basic potato dishes	☐	☐	☐
Prepare dry pasta and noodle dishes	☐	☐	☐
Prepare rice	☐	☐	☐
Meats			
Trim and portion cut meats	☐	☐	☐
Cook basic meat dishes using moist and dry heat methods	☐	☐	☐
Poultry			
Trim and portion cut chicken and turkey	☐	☐	☐
Cook basic poultry dishes using moist and dry heat methods	☐	☐	☐
Seafood			
Fillet flat and round fish; clean bivalves and shrimp	☐	☐	☐
Cook basic fish dishes using moist and dry heat methods	☐	☐	☐
Cook basic shellfish dishes using moist and dry heat methods	☐	☐	☐
Garde-Manger			
Prepare basic salad dressings from scratch	☐	☐	☐
Prepare basic salads	☐	☐	☐
Prepare hot and cold sandwiches	☐	☐	☐
Eggs, Breakfast Cookery, And Dairy			
Prepare egg dishes	☐	☐	☐
Prepare breakfast items other than eggs	☐	☐	☐

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JOB TASKS	Frequently	Occasionally	Never
Cook with dairy and cheese	☐	☐	☐
Baked Goods And Desserts			
Apply basic methods used in baking	☐	☐	☐
Prepare basic pies and pastry from scratch	☐	☐	☐
Prepare fruit desserts and custards from scratch	☐	☐	☐
Prepare quick breads from scratch	☐	☐	☐
Prepare cookies from scratch	☐	☐	☐
Prepare basic yeast breads from scratch	☐	☐	☐
Beverages			
Prepare coffee and tea 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)

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: