

# PROFESSIONAL COOK 1

## STATUTORY DECLARATION OF WORK EXPERIENCE

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.

“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

Legal First Name:	Legal Middle Name(s):	Legal Last Name:
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### 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 <b>Professional Cook 1</b> Experience Accumulated in Period: _____
Job Title of Applicant: _____	



JOB TASKS	Frequently	Occasionally	Never
Prepare basic soups (clear, cream, purée) from scratch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare basic sauces (white, blonde, brown, purée, emulsion)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Vegetables And Fruits</b>			
Prepare common vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare fruits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Starches</b>			
Prepare basic potato dishes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare dry pasta and noodle dishes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Meats</b>			
Trim and portion cut meats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cook basic meat dishes using moist and dry heat methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Poultry</b>			
Trim and portion cut chicken and turkey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cook basic poultry dishes using moist and dry heat methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Seafood</b>			
Fillet flat and round fish; clean bivalves and shrimp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cook basic fish dishes using moist and dry heat methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cook basic shellfish dishes using moist and dry heat methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Garde-Manger</b>			
Prepare basic salad dressings from scratch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare basic salads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare hot and cold sandwiches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Eggs, Breakfast Cookery, And Dairy</b>			
Prepare egg dishes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare breakfast items other than eggs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cook with dairy and cheese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Baked Goods And Desserts</b>			

*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
Apply basic methods used in baking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare basic pies and pastry from scratch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare fruit desserts and custards from scratch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare quick breads from scratch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare cookies from scratch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare basic yeast breads from scratch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Beverages</b>			
Prepare coffee and tea products	<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)
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*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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**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:
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