

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.

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 **8,100 hours** performing the tasks listed in Section D, and
- experience performing at least **70%** of the job tasks listed in Section D
- 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:		
Mailing Address:		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 <b>Baker</b> Experience Accumulated in that Period:
From:    To:	
Job Title of Applicant:	

*Enter the supervisor and applicant names (repeat on every page of this form)*

Supervisor First and Last Name:	Applicant First and Last Name:
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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)	
<input type="checkbox"/> English <input type="checkbox"/> Other (please specify): _____	

**D. Supervisor Declaration of Job Task Performance of Applicant**

By checking the appropriate columns, indicate how frequently you, as the direct supervisor of the applicant, have personally witnessed the applicant performing the job tasks listed.

Job tasks	Frequently	Occasionally	Never
<b>A. OCCUPATIONAL SKILLS</b>			
Practice personal hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice safe work habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Store and handle perishable products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice good housekeeping and clean work habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handle and clean baking equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe baking materials, ingredients, scientific principles and terminology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost bakery products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apply communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apply inventory control procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apply principles of bakery merchandizing and retail sales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe principle of production flow and layout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use health and nutritional information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B. Breads and Rolls</b>			
Prepare and bake basic bread and rolls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare and bake specialty breads and rolls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare, process and bake artisan and sourdough breads and rolls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Enter the supervisor and applicant names (repeat on every page of this form)*

Supervisor First and Last Name:	Applicant First and Last Name:
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Job tasks	Frequently	Occasionally	Never
<b>C. Sweet Yeast Products</b>			
Prepare and bake sweet dough products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare and bake Danish pastries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare and deep fry yeast doughnuts, cake doughnuts and French crullers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare and bake croissants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare and bake specialty sweet fancy breads and rolls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>D. Cookies</b>			
Prepare and bake slices and squares	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare and bake various cookies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E. Cakes</b>			
Prepare, bake and finish cakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare, bake and finish loaf cakes and quick breads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare, bake and finish cheesecakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare, bake and finish fruit and specialty cakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>F. Pies, Puff and Pastry Doughs</b>			
Prepare and bake pie dough and products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare basic and quick puff paste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare and bake sweet paste products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare, bake, fill and glaze choux paste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare and bake specialty pastry products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare and bake savoury products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>G. Assemble, Ice and Decorate Cakes, French Pastries and Petit Fours</b>			
Prepare fillings, icings, creams, sauces, glazes and garnishes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cut, fill, mask, decorate and finish dessert and birthday cakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare French pastries and petit fours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Design and decorate wedding cakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare, mould and decorate marzipan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>H. Chocolate and Sugar Work</b>			
Prepare and process chocolate in various applications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare and boil sugar for various applications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Enter the supervisor and applicant names (repeat on every page of this form)*

Supervisor First and Last Name:	Applicant First and Last Name:
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Job tasks	Frequently	Occasionally	Never
<b>I. Fruit, Ice Cream and Specialty Desserts</b>			
Prepare fruit desserts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare ice cream and specialty desserts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare mousses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare custards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Design and prepare plated desserts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**E. Supervisor Signature**

I certify that the information I, as the current or former direct supervisor of the applicant, have provided is 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 name (Please Print):	Supervisor Signature:	Date Signed: (MM/DD/YYYY)

*Enter the supervisor and applicant names (repeat on every page of this form)*

Supervisor First and Last Name:	Applicant First and Last Name: