

MEATCUTTER

EMPLOYER DECLARATION OF WORK EXPERIENCE

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 **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:		
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 Meatcutter 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
A. OCCUPATIONAL SKILLS			
Roles and responsibilities in the workplace, professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Following safe work practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Following safe food handling practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintaining workplace and personal hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use and common maintenance of tools and equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receiving and storage procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ordering and inventory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trade math, converting weights and measures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pricing, mark-up, and cost analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applying customer service procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team building, leadership, and conflict resolution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retail packaging, labelling, and merchandizing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. HANDLING MEAT, POULTRY, AND SEAFOOD			
Knowledge of nutrition, characteristics, and diseases associated with meat and seafood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspection and grading procedures and regulations for meat and poultry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handling and storing meats, poultry and seafood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Job tasks	Frequently	Occasionally	Never
Apply deboning, trimming, portion cutting, and tying techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifying cooking potential of meats, poultry and seafood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. BEEF			
Break beef into primals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cut and process beef sub-primals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cut retail and specialty cuts of beef	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. VEAL			
Break veal into primal cuts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cut and process veal sub-primals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cut retail and specialty cuts of veal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. PORK			
Break pork into primal cuts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cut and process sub-primals of pork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cut retail and specialty cuts of pork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. LAMB			
Break lamb into primal cuts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cut and process sub-primals of lamb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cut retail and specialty cuts of lamb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. POULTRY			
Break down whole birds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cut retail and specialty cuts of poultry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. SEAFOOD & FRESHWATER FISH			
Identify common market forms of fish and shellfish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cut and portion fish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clean and portion shellfish and specialty seafood products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. GAME			
Break game into primal cuts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cut and process sub-primals of game	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cut retail and specialty cuts of game	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Job tasks	Frequently	Occasionally	Never
J. PROCESSED PRODUCTS			
Prepare fresh sausages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare ready to serve and cured meat products	<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)
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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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