

MEATCUTTER 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.

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)
Mailing Address:		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 that Period: _____
Job Title of Applicant:	

Enter the applicant name (repeat on every page of this form)

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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.** If sufficient evidence of steps taken is not provided, the application may not be approved.

D. Statutory Declaration of Job Task Performance

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"/>

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Job tasks	Frequently	Occasionally	Never
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"/>
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"/>

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Job tasks	Frequently	Occasionally	Never
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"/>
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. Applicant Signature

I certify that the information I 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.)

Applicant Name (please print):	Applicant Signature:	Date: (MM/DD/YYYY)

Enter the applicant name (repeat 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: <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:	

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