

STATUTORY 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

Legal Last Name:

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 7, 560 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)

Legal Middle Name(s):

A. Applicant Name

Legal First Name:

| B. Self-Employment or Em | ployment Information | of Applican | ıt | |
|--|---------------------------------|---|----------|---|
| Enter the contact information for your ov Declaration. | vn business if you are self-emp | oloyed or your pre | vious er | nployer who will not complete an Employer |
| 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 employment on one form, but you must | | | | |
| Dates of Employment (MM/DD/YYYY): | | Total Number Hours of Baker Experience Accumulated in that Period: | | |
| From: To: | | | | |
| Job Title of Applicant: | | , | | |
| | | | | |

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

| Legal First Name: | Legal Middle Name(s): | Legal Last Name: | |
|-------------------|-----------------------|------------------|--|
| | | | |



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| C. | C. Reason for Statutory Declaration | | | | | | |
|---|--|---|--------------------------------------|--------------------------|-----------------------|--|--|
| Indicate why a Statutory Declaration is required for this period of employment: | | | | | | | |
| | Applicant was self-employed | □ E | imployer will/can not con | nplete Employer Decl | aration | | |
| Applio | cants must attempt to contact current or | previous employers to | o request an Employer Dec | laration to be filled ou | t 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. | | | | | | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| D. By che period | Statutory Declaration of Job ecking "Yes" or "No" in the Declaration R indicated in Section B. | | | formed the job tasks li | sted below during the | | |
| Tala 4 | | | Pue su | ently Occasion | allar Manan | | |
| Job t | asks | | Frequ | entry Occasion | ally Never | | |
| | PERFORMS COMMON OCCUPATION | ONAL SKILLS | rrequ | entry Occasion | any Never | | |
| | | | Frequ | entry Occasion | any Never | | |
| | PERFORMS COMMON OCCUPATION | | Frequ | | | | |
| | PERFORMS COMMON OCCUPATION Performs safety- and hygiene-rela | ated functions | | 1 - | _ | | |
| | PERFORMS COMMON OCCUPATION Performs safety- and hygiene-related Maintains safe work environment Uses personal protective equipment Maintains professional appearance | ated functions nt (PPE) and safety eq | | | | | |
| | PERFORMS COMMON OCCUPATION Performs safety- and hygiene-rela Maintains safe work environment Uses personal protective equipment | ated functions nt (PPE) and safety eq | | | | | |
| | PERFORMS COMMON OCCUPATION Performs safety- and hygiene-related Maintains safe work environment Uses personal protective equipment Maintains professional appearance | nted functions nt (PPE) and safety eq e and personal hygien | [uipment [| | | | |
| | PERFORMS COMMON OCCUPATION Performs safety- and hygiene-related Maintains safe work environment Uses personal protective equipment Maintains professional appearance Practices food safety procedures Maintains safe condition and temp | nted functions ont (PPE) and safety eque and personal hygien oerature of raw ingred | quipment E | | | | |
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| Job tasks | | Frequently | Occasionally | Never |
|---|-----------------------------------|------------|--------------|-------|
| Organizes workplace and workspa | ace | | | |
| Manages products and informat | ion | | | |
| Orders products | | | | |
| Receives products | | | | |
| Manages inventory | | | | |
| Performs quality control assessme | ents on bakery products | | | |
| Stores bakery products | | | | |
| Packages bakery products | | | | |
| Performs routine work practices | | | | |
| Performs portion control | | | | |
| Uses convenience foods | | | | |
| Uses formulations | | | | |
| Applies dietary information | | | | |
| Adapts baking practices to meet | dietary requirements | | | |
| Adapts bakery practices to meet d | ietary requirements | | | |
| Selects ingredients to meet dietary | y requirements | | | |
| Prepares food to meet dietary req | | | | |
| Uses communication and mento | ring techniques | | | |
| Uses communication techniques | | | | |
| Uses mentoring techniques | Uses mentoring techniques | | | |
| B. PREPARES FERMENTED GOODS | | | | |
| Prepares pre-ferment | | | | |
| Mixes ingredients for pre-ferment | Mixes ingredients for pre-ferment | | | |
| Manages pre-ferment process | | | | |
| Prepares dough | | | | |
| Manages dough temperature | | | | |
| Mixes ingredients for fermented g | goods | | | |
| Manages bulk fermentation | | | | |
| Forms dough | | | | |
| Divides dough | Divides dough | | | |
| Shapes dough | | | | |
| Monitors final proof of dough | | | | |
| Enter the applicant name (repeat on every p | page of this form) | | | |
| Legal First Name: | Legal Middle Name(s): | Legal La | ast Name: | |

Page 3 of 7 September 2024



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| Job tasks | | Frequently | Occasionally | Never |
|---|-----------------------------------|------------|--------------|-------|
| Forms laminated dough | | | | |
| Laminates dough | | | | |
| Performs make-up of laminated of | lough products | | | |
| Monitors final proof of laminated | dough products | | | |
| Finishes fermented goods | | | | |
| Applies pre-bake finish | | | | |
| Bakes fermented goods | | | | |
| Deep-fries fermented goods | | | | |
| C. PREPARES COOKIES, BARS, QUIC AND CAKES | K BREADS, PASTRY DOUGHS | | | |
| Prepares cookies and bars | | | | |
| Mixes cookie and bar ingredients | | | | |
| Performs make-up of cookies and | lbars | | | |
| Bakes cookies and bars | | | | |
| Prepares quick breads | | | | |
| Mixes quick bread ingredients | | | | |
| Performs make-up of quick bread | ls | | | |
| Bakes quick breads | | | | |
| Prepares pastry doughs | | | | |
| Mixes pastry dough ingredients | | | | |
| Performs make-up of pastry doug | hs | | | |
| Bakes pastry doughs | | | | |
| Prepares cakes | | | | |
| Mixes cake ingredients | | | | |
| Portions mixture for cakes | | | | |
| Bakes cakes | | | | |
| D. PERFORMS ASSEMBLY AND FINI | SHING | | | |
| Prepares creams, custards, swee icings | t fillings, decorating pastes and | | | |
| Performs make-up of creams, cus pastes and icings | tards, sweet fillings, decorating | | | |
| Cooks creams, custards and swee | t fillings | | | |
| Holds products for use | | | | |
| Enter the applicant name (repeat on every | page of this form) | | | |
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| Job tasks | | Frequently | Occasionally | Never |
|---|--------------------------------|------------|--------------|-------|
| Prepares savoury fillings | | | | |
| Performs make-up of savoury fillir | ngs | | | |
| Holds savoury fillings for use | | | | |
| Portions savoury fillings | | | | |
| Prepares sauces, glazes and garn | ishes | | | |
| Performs make-up of sauces and g | dazes | | | |
| Performs make-up of garnishes | | | | |
| Holds sauces, glazes and garnishe | s for use | | | |
| Assembles and bakes sweet and s | savoury pastries | | | |
| Performs make-up and assembly of | of sweet and savoury pastries | | | |
| Bakes sweet and savoury pastries | | | | |
| Assembles cakes and other baked | l goods | | | |
| Performs make-up and assembly of | of cakes and other baked goods | | | |
| Portions cakes and other baked go | ods | | | |
| Decorates and finishes baked goo | ods | | | |
| Applies sauces, toppings and glaze | es | | | |
| Applies garnishes and decorative p | | | | |
| E. PREPARES CHOCOLATE, CONFEC | | | | |
| Prepares chocolate | | | | |
| Selects quality and types of chocol | ate | | | |
| Prepares fillings for chocolate | | | | |
| Prepares couvertures and compou | | | | |
| Uses couvertures and compounds | | | | |
| Prepares confections and sugar v | vork | | | |
| Boils sugar and sugar substitutes | | | | |
| Forms sugar and sugar substitutes | | | | |
| Creates artistic garnishes and suga | nr work | | | |
| Prepares confections | | | | |
| F. PREPARES DESSERTS, ICE CREAM | IS AND ICES | | | |
| Prepares plated desserts | | | | |
| Plans plate design | | | | |
| Assembles components | | | | |
| Enter the applicant name (repeat on every p | age of this form) | | | |
| Legal First Name: | Legal Middle Name(s): | Legal La | st Name: | |



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| Job tasks | | Frequently | Occasionally | Never |
|--|--|---|-----------------------|--------------------|
| Prepares ice creams and ices | | | | |
| Prepares bases for ice creams and | | | | |
| Performs make-up of ice creams a | | | | |
| Prepares frozen desserts | | | | |
| Performs make-up of frozen desse | | | | |
| Assembles frozen dessert compon | | | | |
| Holds frozen desserts | | | | |
| E. Applicant Signature I certify that the information I have provided i accordance with the provisions of the Freedon | s true and accurate. (Note: Collec n of Information and Protection of | tion and protection of p f Privacy Act.) | ersonal information o | on this form is in |
| Applicant Name (please print): | Applicant Signature: | | Date: (MM/DD/YY | YYY) |
| | | | | |
| Enter the applicant name (repeat on every r | nage of this form) | | | |
| Enter the applicant name (repeat on every pure Legal First Name: | Legal Middle Name(s): | Legal Las | et Name: | |
| Legai i iist ivailie. | Legai middie maille(s). | Legai Las | ot ivailie. | |



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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: | | Former Emp | oloyee | | Contractor | | Supplier |
| | | Co-worker | | | Client | | Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify: |
| First and Last Name of Reference | e: | | Language(s) th | at ref | erence can commu | nicate: | (Check all that apply) |
| | | | ☐ English | | | | Other (specify): |
| Organization/Business Name: | | | | | Position/Title | : | |
| Phone Number: | | | | | Email Address | : | |
| 2. Reference | | | | | | | |
| Relationship to Applicant: | | Former Emp | oloyee | | Contractor | | Supplier |
| | | Co-worker | | | Client | | Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify: |
| First and Last Name of Reference | e: | | Language(s) th | at refe | erence can commu | nicate: | (Check all that apply) |
| | | | ☐ English | | | | Other (specify): |
| Organization/Business Name: | | | | | Position/Title | : | |
| Phone Number: | | | | | Email Address | : | |
| 3. Reference | | | | | | | |
| Relationship to Applicant: | | Former Emp | oloyee | | Contractor | | Supplier |
| | | Co-worker | | | Client | | Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify: |
| First and Last Name of Reference | e: | | Language(s) th | at refe | erence can commu | nicate: | (Check all that apply) |
| | | | ☐ English | | | | Other (specify): |
| Organization/Business Name: | | | 1 | | Position/Title | : | |
| Phone Number: | | | | | Email Address | : | |
| | | | | | | | |
| Enter the applicant name (re | peat | t on every pa | age of this form |) | | | |
| Legal First Name: | | | Legal Middle Na | ame(s | s): | | Legal Last Name: |