

PROFESSIONAL COOK 1

EMPLOYER DECLARATION OF WORK EXPERIENCE

ITA 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@itabc.ca

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 1000 hours performing the tasks listed in Section D, and
- experience performing at least 70% of the job tasks listed in Section D

Holders of **Canadian Military trade qualification Cook (861 – Level 5)** will be eligible to challenge this certification by documenting only **1000 hours** of directly related work experience.

This form is used to declare work experience for periods of employment. The information provided is used to verify the applicant's work experience in this trade. This form must be completed by a **direct supervisor of the applicant**, who will be contacted by the Industry Training Organization (ITO) responsible for this trade, or ITA. Should this individual be deemed competent to challenge the credential, they will be asked to demonstrate competency in a Practical Assessment in addition to the written examination.

Note: An Employer Declaration of Work Experience form must be completed by each Employer listed on the applicant's completed Application form. A Statutory Declaration of Work Experience form must be completed for periods during which the applicant was self-employed or a previous employer is unavailable to complete an Employer Declaration. For more information, see **Instructions for Certification Challenge or Supervision and Sign-Off Authority**.

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:

B. Supervisor Contact Information

Enter the name and contact information for the person who directly supervised the applicant at this employer. Ensure the information given is current as the application may be denied if this person cannot be contacted by ITA.

Name of Organization/Employer/Business:					
First and Last Na	me of Applicant's Direct S	Supervisor:	Supervisor Position o	r Title:	
Suite Number:	Street Number and Nam	ie:			
City:		Province:		Postal Code:	
Business Numbe ()	r:	Mobile Phone Numbe	er:	Supervisor E-Mail Address:	

C. Employment Information of Applicant

Dates of Applicant's Employment (MM/DD/YYYY):	Total Number Hours of Professional Cook 1 Experience Accumulated in that Period:
From: To:	
Job Title of Applicant:	



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D. Supervisor Declaration of Job Task Performance

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

How	v often has the applicant demonstrated the following job tasks?	Frequently	Occasionally	Never
Α.	OCCUPATIONAL SKILLS			
	Follow roles and responsibilities in the kitchen			
	Apply safe work practices			
	Apply food safety standards			
	Use tools and equipment; follow and convert recipes			
	Use common menu terminology			
	Receive and store supplies; handle waste appropriately			
	Apply principles of seasoning and basic ingredient knowledge			
В.	STOCKS, SOUPS AND SAUCES			
	Prepare stocks from scratch			
	Use thickening agents			
	Prepare basic soups (clear, cream, purée) from scratch			
	Prepare basic sauces (white, blonde, brown, purée, emulsion)			
C.	VEGETABLES AND FRUITS			
	Prepare common vegetables			
	Prepare fruits			
D.	STARCHES			
	Prepare basic potato dishes			
	Prepare dry pasta and noodle dishes			
	Prepare rice			

Enter the Supervisor and Applicant names from Page 1 on every page of this form

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

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How	often has the applicant demonstrated the following job tasks?	Frequently	Occasionally	Never
E.	MEATS			
	Trim and portion cut meats			
	Cook basic meat dishes using moist and dry heat methods			
F.	POULTRY			
	Trim and portion cut chicken and turkey			
	Cook basic poultry dishes using moist and dry heat methods			
G.	SEAFOOD			
	Fillet flat and round fish; clean bivalves and shrimp			
	Cook basic fish dishes using moist and dry heat methods			
	Cook basic shellfish dishes using moist and dry heat methods			
Н.	GARDE-MANGER			
	Prepare basic salad dressings from scratch			
	Prepare basic salads			
	Prepare hot and cold sandwiches			
I.	EGGS, BREAKFAST COOKERY, AND DAIRY			
	Prepare egg dishes			
	Prepare breakfast items other than eggs			
	Cook with dairy and cheese			

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



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How	often has the applicant demonstrated the following job tasks?	Frequently	Occasionally	Never
J.	BAKED GOODS AND DESSERTS			
	Apply basic methods used in baking			
	Prepare basic pies and pastry from scratch			
	Prepare fruit desserts and custards from scratch			
	Prepare quick breads from scratch			
	Prepare cookies from scratch			
	Prepare basic yeast breads from scratch			
К.	BEVERAGES			
	Prepare coffee and tea products			

E. Confirmation of Prerequisite Credentials or Certificates

For some trades, evidence that the applicant has earned prerequisite credentials or certificates is required before the individual is permitted to challenge certification or receive Supervision and Sign-Off Authority. For those trades, proof that the applicant has the required prerequisite credentials must accompany the application.

I can verify that the applicant has attained all the prerequisite credentials or certification required to be considered eligible to challenge or receive Supervision and *Sign-Off* Authority in this trade.

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COPY	UI.	Certificate	allacheu

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F. 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 from Page 1 on every page of this form

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