



# 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

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 ITA.

**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 **1,000 hours (Challenge) or 5000 hours (Sign-Off Authority)** 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**)

Holders of **Canadian military certificate in Cook MT#861, QL5 or higher** will be eligible to challenge this certification.

## 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): From:                                  To:	Total Number Hours of <b>Professional Cook 1</b> Experience Accumulated in that Period:
Job Title of Applicant:	



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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 ITA.

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 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

Job tasks	Frequently	Occasionally	Never
<b>A. OCCUPATIONAL SKILLS</b>			
Follow roles and responsibilities in the kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apply safe work practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apply food safety standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use tools and equipment; follow and convert recipes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use common menu terminology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receive and store supplies; handle waste appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apply principles of seasoning and basic ingredient knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B. STOCKS, SOUPS AND SAUCES</b>			
Prepare stocks from scratch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use thickening agents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare basic soups (clear, cream, purée) from scratch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare basic sauces (white, blonde, brown, purée, emulsion)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C. VEGETABLES AND FRUITS</b>			
Prepare common vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare fruits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>D. STARCHES</b>			
Prepare basic potato dishes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare dry pasta and noodle dishes	<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
Prepare rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E. MEATS</b>			
Trim and portion cut meats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cook basic meat dishes using moist and dry heat methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>F. POULTRY</b>			
Trim and portion cut chicken and turkey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cook basic poultry dishes using moist and dry heat methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>G. SEAFOOD</b>			
Fillet flat and round fish; clean bivalves and shrimp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cook basic fish dishes using moist and dry heat methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cook basic shellfish dishes using moist and dry heat methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>H. GARDE-MANGER</b>			
Prepare basic salad dressings from scratch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare basic salads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare hot and cold sandwiches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>I. EGGS, BREAKFAST COOKERY, AND DAIRY</b>			
Prepare egg dishes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare breakfast items other than eggs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cook with dairy and cheese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>J. BAKED GOODS AND DESSERTS</b>			
Apply basic methods used in baking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare basic pies and pastry from scratch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare fruit desserts and custards from scratch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare quick breads from scratch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare cookies from scratch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare basic yeast breads from scratch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>K. BEVERAGES</b>			
Prepare coffee and tea products	<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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**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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