

This form is to be completed by the direct supervisor of the applicant.  
Information provided in this form will be verified.

<b>A. Applicant Name</b>	Name of the individual declaring their employment experience
Full name:	

<b>B. Work History Information</b>	All information boxes must be completed.		
Organization / Employer name:			
From (yyyy/mm/dd):	To (yyyy/mm/dd):	Job Title:	Total Hours Worked:
Type of Employment:	<input type="checkbox"/> Full time	<input type="checkbox"/> Part time	<input type="checkbox"/> Seasonal <input type="checkbox"/> Other

<b>C. Declaration of Job Tasks Performed 2016 NOA</b>	<input checked="" type="checkbox"/> Check the "No" box if you did not personally witness the applicant performing the tasks in the group. <input checked="" type="checkbox"/> Check the "Yes" box if you personally witnessed the applicant performing the tasks at the level of a journey person.  Strike out any individual tasks not witnessed. <i>example</i>
<b>A – Safety and Sanitation</b> Includes: Performs safety-related functions; Practices food safety procedures	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>B – Common Occupational Skills</b> Includes: Maintains tools and equipment; Organizes work; Manages information; Manages products and supplies; Performs culinary trade activities; Prepares food according to health and dietary restrictions	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>C – Produce</b> Includes: Prepares herbs and spices; Prepares vegetables (including potatoes); Prepares fruit	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>D – Stocks and Soups</b> Includes: Prepares stocks; Prepares thickening and binding agents; Prepares soups; Prepares marinades and brines	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>E – Sauce</b> Includes: Prepares sauces; Prepares dessert sauces	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>F – Dairy and Egg Products and Alternatives</b> Includes: Prepares cheese and dairy-related dishes; Prepares eggs and egg-related dishes	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>G – Pastas</b> Includes: Prepares pastas; Prepares assembled pastas	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>H – Grains, Seeds, Pulses, Nuts, and Soy- and Wheat-based Proteins</b> Includes: Prepares grains and seeds; Prepares pulses and nuts; Prepares soy- and wheat-based proteins	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>I – Meat, Poultry, Game and Game Birds</b> Includes: Prepares meat and game meat; Prepares poultry and game birds; Prepares variety meats	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>J – Fish and Shellfish</b> Includes: Prepares fish; Prepares shellfish	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>K – Garde-manger</b> Includes: Prepares salads; Prepares hors d'oeuvres; Prepares sandwiches; Prepares charcuterie, Prepares condiments and accompaniments; Prepares aspics, jellies and glazes	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>L – Baked Goods and Desserts</b> Includes: Prepares dough-based products; Prepares batter-based products; Prepares creams, mousses, frozen desserts, fillings, icings, toppings and sugar works; Assembles cakes; Prepares pastries and pies; Prepares chocolate	<input type="checkbox"/> No <input type="checkbox"/> Yes

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<b>D. Supervisor/Employer Signature</b>	I certify that the information I provided, as the current or former direct supervisor of the applicant, is accurate. I understand that my support may allow the candidate to challenge the certification exam.	
Signature:		Date: (yyyy/mm/dd)
Printed name:		Daytime phone:

<b>Office use only:</b>	Verified - <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
Designated Trainer – ATC Recommend	Date:	Signature:
Executive Director Approval	Date:	Signature:

**Submit form to one of  
the following offices:**

**Brandon**  
128, 340-9<sup>th</sup> Street  
R7A 6C2  
PH: 204-726-6365  
FAX: 204-726-6912

**Thompson**  
118-3 Station Road  
R8N 0N3  
PH: 204-677-6346  
FAX: 204-677-6689

**Winnipeg**  
100-111 Lombard  
Avenue R3B 0T4  
PH: 204-945-3337  
FAX: 204-948-2346