

Apprenticeship Manitoba

Baker

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

A. Applicant Name	Name of the individual declaring their employment experience
Full name:	

B. Work History Information	All information boxes must be completed.		
Organization / Employer name:			
From (mm/dd/yy):	To (mm/dd/yy):	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		

C. Declaration of Job Tasks Performed 2015 NOA	<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. example	
A- COMMON OCCUPATIONAL SKILLS Includes: Performs safety and sanitation related functions; Organizes work; Manages products and information; Applies food science	<input type="checkbox"/> No <input type="checkbox"/> Yes	
B – FERMENTED GOODS Includes: Prepares dough; Forms dough; Finishes fermented goods	<input type="checkbox"/> No <input type="checkbox"/> Yes	
C – COOKIES, BARS, CAKES, PASTRY AND QUICK BREADS Includes: Prepares cookies and bars; Prepares quick breads; Prepares pastry doughs; Prepares cakes	<input type="checkbox"/> No <input type="checkbox"/> Yes	
D – ASSEMBLY AND FINISHING Includes: Prepares creams, custards, fillings, decorating pastes and icings; Prepares sauces, glazes and garnishes; Prepares cakes, pastries and other baked goods for decorating; Finishes and decorates baked goods	<input type="checkbox"/> No <input type="checkbox"/> Yes	
E – CHOCOLATE AND CONFECTIONS Includes: Prepares chocolate; Prepares confections	<input type="checkbox"/> No <input type="checkbox"/> Yes	
F – DESSERTS, ICE CREAMS AND ICES Includes: Prepares plated desserts; Prepares ice creams and ices; Prepares frozen desserts	<input type="checkbox"/> No <input type="checkbox"/> Yes	

D. Supervisor/Employer Signature	I certify that the information I, as the current or former direct supervisor of the applicant provided 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:	

Office use only:	Verified - <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature:	Comments:
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