

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

**Unless your work experience hours were gained through self-employment, applications will not be accepted if they are only accompanied by a Statutory Declaration. Non-self-employed applicants must provide at least one employer declaration from an employer who can verify your work experience.**

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

<b>B. Reason for Statutory Declaration</b>	Indicate why a Statutory Declaration is required?
<input type="checkbox"/> Employer is no longer in business <input type="checkbox"/> Employment records are not available <input type="checkbox"/> Applicant was self-employed ( <b>references required</b> ) <input type="checkbox"/> Employer will not complete Employer Declaration	
If you have been unable to obtain an Employer Declaration from any of your employers, please indicate below all the efforts that you have made to obtain an Employer Declaration. If sufficient evidence of steps taken is not provided, the application may not be approved.	

<b>C. Work History Information</b>	Enter the dates, title, total hours worked, and nature of employment for the period this declaration applies to.		
Organization / Employer name:		Business Registration Number: (self-employed only)	
From (yyyy/mm/dd):	To (yyyy/mm/dd):	Job Title:	Total Hours Worked: (only hours on the tools)
Type of Employment:	Full time	Part time	Seasonal      Self-employed      Other

<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:

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<b>D. 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. <del>example</del>
<b>A – Safety and Sanitation</b> <b>Includes:</b> Performs safety-related functions; Practices food safety procedures	No Yes
<b>B – Common Occupational Skills</b> <b>Includes:</b> Maintains tools and equipment; Organizes work; Manages information; Manages products and supplies; Performs culinary trade activities; Prepares food according to health and dietary restrictions	No Yes
<b>C – Produce</b> <b>Includes:</b> Prepares herbs and spices; Prepares vegetables (including potatoes); Prepares fruit	No Yes
<b>D – Stocks and Soups</b> <b>Includes:</b> Prepares stocks; Prepares thickening and binding agents; Prepares soups; Prepares marinades and brines	No Yes
<b>E – Sauce</b> <b>Includes:</b> Prepares sauces; Prepares dessert sauces	No Yes
<b>F – Dairy and Egg Products and Alternatives</b> <b>Includes:</b> Prepares cheese and dairy-related dishes; Prepares eggs and egg-related dishes	No Yes
<b>G – Pastas</b> <b>Includes:</b> Prepares pastas; Prepares assembled pastas	No Yes
<b>H – Grains, Seeds, Pulses, Nuts, and Soy- and Wheat-based Proteins</b> <b>Includes:</b> Prepares grains and seeds; Prepares pulses and nuts; Prepares soy- and wheat-based proteins	No Yes
<b>I – Meat, Poultry, Game and Game Birds</b> <b>Includes:</b> Prepares meat and game meat; Prepares poultry and game birds; Prepares variety meats	No Yes
<b>J – Fish and Shellfish</b> <b>Includes:</b> Prepares fish; Prepares shellfish	No Yes
<b>K – Garde-manger</b> <b>Includes:</b> Prepares salads; Prepares hors d’oeuvres; Prepares sandwiches; Prepares charcuterie, Prepares condiments and accompaniments; Prepares aspics, jellies and glazes	No Yes
<b>L – Baked Goods and Desserts</b> <b>Includes:</b> 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	No Yes

<b>E. Applicant Signature</b>	I certify that the information I provided is accurate.	
Signature:	Date: (yyyy/mm/dd)	
Printed name:	Daytime phone:	

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<b>F. References</b>	References must be provided for all self-employment Statutory Declaration forms.
<p>Include with your completed Statutory Declarations the names and contact information of two people who can verify your self-employed work experience. This may include a supplier, a former employee, a contractor in the industry, or a regular, long term client. Maximum of one reference per category.</p> <p>Each individual listed will be contacted by Apprenticeship Manitoba to verify the information provided in your application.</p>	

First Name:	Last Name:
Organization/Business Name:	Position/Title:
Business Phone Number:	Reference Cell Number:
Relationship to Applicant:	Email Address:

First Name:	Last Name:
Organization/Business Name:	Position/Title:
Business Phone Number:	Reference Cell Number:
Relationship to Applicant:	Email Address:

**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