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Form 6A Verification of on the Job Experience

PLEASE PRINT CLEARLY

Apprentice/Tradesperson _____ PSE# _____

Current Address _____ City _____ Postal Code _____ Phone Number _____

Employer (Firm Name) _____ Name and Certificate Number of Supervising Journeyman _____

Address of Employer _____ City _____ Postal Code _____ Phone Number _____

Cook	Trade Time Exposure In Hours
Period of Employment _____ to _____ (DD/MM/YY) (DD/MM/YY)	
Type of Work (please print)	
Safety and Sanitation: Performs safety-related functions and practices food safety procedures	
Common Occupational Skills: Maintains tools and equipment, organizes work, manages information, products and supplies, performs culinary trade activities, and prepares food according to health and dietary restrictions	
Produce: Prepares herbs and spices, vegetables including potatoes, and fruits	
Stocks and Soups: Prepares stocks, prepares thickening agents and binding agents, prepares soups, and prepares marinades and brines	
Sauce: Prepares sauces and dessert sauces	
Dairy and Egg Products and Alternatives: Prepares cheese and dairy-related dishes, and egg and egg related dishes	
Pastas: Prepares and assembles pastas	
Grains, Seeds, Pulses, Nuts, and Soy and Wheat-based proteins: prepares grains, seeds, pulses, nuts, soy and Wheat-based proteins	
Meat, Poultry and Game Birds: prepares meat and game meat, poultry, game birds and variety meats.	
Fish and Shellfish: prepares fish and shellfish	
Garde-Manger: prepares salads, hors-d'oeuvres, sandwiches, charcuterie, condiments and accompaniments, and aspics, jellies and glazes	
Baked Goods and Desserts: prepares dough based products, creams, mousses, frozen desserts, fillings, icings toppings and sugar works; assembles cakes; prepares pastries, pies and chocolate.	
Total Hours	

I Certify The Above Hours Are Accurate _____
 Date (DD/MM/YY) _____ Apprentice/Tradesperson (signature) _____

I Certify The Above Hours Are Accurate _____
 Date (DD/MM/YY) _____ Employer Representative (signature) _____

Employer Representative (print name clearly) _____

For Commission Use Only		
Time Assessed: _____	Approved By: _____	Date: _____ (DD/MM/YY)