

COOK

TRADE EXPERIENCE VERIFICATION FORM

Date: _____
Employer: _____
Address: _____

Postal Code _____
Phone: _____ Fax: _____
Email: _____

This is to verify that _____ has worked as a **COOK** from (month/year) _____ to (month/year) _____ for a total of _____ hours spending the following percentage of the time at the tasks below:

Vegetable Cooking	_____ %
Meat and Poultry Cooking	_____ %
Seafood Cooking	_____ %
Stocks, Sauces and Soups	_____ %
Cutting Meat, Poultry and Seafood	_____ %
Cold Kitchen Preparation	_____ %
Baking, Pastry and Desserts	_____ %
Elementary Kitchen Management	_____ %
Egg and Breakfast Cooking	_____ %
Safety, Sanitation and Equipment	_____ %
Other (Please specify):	_____ %
_____	_____ %
_____	_____ %
Total	100 %

Please indicate the type of equipment and the type of work this person was involved with during this time period: _____

(If more space is required, please continue on reverse side.)

Print name of Company Representative

Position of Company Representative

Signature of Company Representative

Date

Signature of Employee

Date