



Culinary Skills Training Program Application

GENERAL INFORMATION

Date: _____

Last Name

First Name

Middle Name

Phone: _____ Gender Pronouns: _____ Race: _____

Date of Birth: ____/____/____ Social Security Number: ____-____-____

E-mail: Address: _____

Emergency contact person:

Name: _____ Phone number: _____

Email: _____

What languages do you speak? _____

How did you hear about the program?

Name: _____ Agency: _____

Are you a Veteran? Yes No Are you legally entitled to work in the US? Yes No
 Do you have food service experience? Yes No If no, are you interested in pursuing a work permit?
 Do you have a bank account? Yes No Yes No

FINANCE – Assets, Income, Needs

Does anyone in your household receive any income from employment? Yes No

If yes, list all gross income before deductions such as full or part-time employment, babysitting, odd jobs, day work roomer/boarder payments, etc.

| Name | Employer (include address and phone number) | Rate of Pay | Number of hours worked | Amount per Pay Period | How often received |
|------|---|-------------|------------------------|-----------------------|--------------------|
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Are you currently experiencing any of the following:

- No Place to Stay No Heat Food Insecurity Cannot Afford Child Care
 Other:

EDUCATION

Highest education level completed:

- Elementary/Middle School Some High School High School Diploma GED
 Some College Associates Degree Bachelor's Degree Master's Degree/Ph.D.

Other (Job readiness or skills training)

If other, please explain: _____

WORK AND VOLUNTEER EXPERIENCE

Please tell us about your past work and/or volunteer experience. We will discuss this in more detail during your initial interview. What was the job or jobs?

What skills do you bring to the workplace?

HOUSING

Do you have a stable place to live for the next 6 months? Yes No

Current Living situation:

- Living with family/friends Program/shelter Street Transitional housing
 Permanent Subsidized Housing Other: _____

Are you responsible for the care of any children or family member(s)? Yes No

If yes, please describe:

Have you been court ordered to pay child support? Yes No

Is there anything else we should know about you?

Please include any supports you would find helpful in order to complete the program successfully. (Feel free to use back of page if you need more space)

The Information provided is true and accurate (Please sign and date):

Signature

Date