

Culinary Skills Training Program Application

GENERAL INFORMATION		Date:
Last Name First Name	Middle Name	
Phone:	Gender Pronouns:	Race:
Date of Birth://	Social Security Number:	<u>-</u>
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? Do you have food service experience? Do you have a bank account?	□ Yes □ No If no, are you intere	itled to work in the US? □ Yes □ No ested in pursuing a work permit?

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 □ Other: 	□ No Heat □ Food Inse		ity 🗆 Cannot Affor	d Child Care	
EDUCATION					
Highest education level cor	mpleted:				
Elementary/Middle Scho	ool 🛛 🗆 Sor	me High School	High School Diploma	🗆 GED	
□ Some College	□ Ass	sociates Degree	□ Bachelor's Degree	□ Master's Degree/Ph.D.	
□ Other (Job readiness or If other, please explain:	skills training)				

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 Permanent Subsidized Housin	□ Program/shelter g □ Other:	□Street	□Transitional housing	
Are you responsible for the care of any children or family member(s)? \Box Yes \Box No If yes, please describe:				

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LEGAL Do you have any pending court cases or current warrants?	l Yes □ No			
If yes, next court date:///				
Do you have any current warrants? \Box Yes \Box No				
Have you ever been found guilty of a crime or misdemeanor?	□ Yes □ No			
If yes, please describe:				
Are you currently on? □ Parole □ Probation □ Work release	e □ Home confinement □ N/A			
SUBSTANCE USE Have you ever used alcohol or drugs recreationally? □ Yes If yes, please check all applicable substances: □ Yes □ Alcohol Length of use:	No Crack/Cocaine Length of use: LSD Mushrooms Length of use: X2 Length of use: Other street drug: Length of use: If drugs, last date of use: How much?			
Have you ever enrolled in a Substance Abuse Treatment prog	gram?			
If you have a history of alcohol or drug abuse what is your clean date://				
What supports might you need to help you stay clean and/or sober? Please list:				
We reserve the right to require any student to undergo d drugs if asked to?	rug testing at any time. Are you willing to be tested for the use of			

Do you have any medical or mental health conditions that may require accommodation?
Yes No If yes, please explain.

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

11.9.23