



Culinary Skills Training Program

Fall 2024 Application

IMPORTANT DATES

Application deadline:	September 6, 2024 (<i>updated!</i>)
Applicants informed of acceptance:	September 10, 2024
Program orientation:	September 16, 2024
Program starts:	September 23, 2024

PROGRAM REQUIREMENTS

- Able to participate in the program Monday – Friday, 8 am – 4 pm from September 23, 2024 through January 31, 2024, as well as the Program Orientation on September 16, 2024.
- Ability to obtain transportation to Program Locations near downtown Silver Spring.
- At least 18 years old
- Currently unemployed or underemployed
- Have stable housing
- Be able to read, speak, and comprehend English (*the program will be conducted entirely in the English language*).
- Be able to stand for 8 hours a day
- Able to lift and move 50 pounds
- No outstanding warrants
- Able to work 30 hours a week between the hours of 6 AM and 8 PM Monday through Sunday for the period of the externship (December 2024 or January 2025).

Please fill out the application as completely as possible. *Applicant data will be kept confidential.*

Submit by email to CSTP@shepherdstable.org before September 6, 2024.

Culinary Skills Training Program

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GENERAL INFORMATION

Date: _____

 Last Name First Name Middle Name

Phone: _____ Gender Pronouns: _____ Race/Ethnicity: _____

Age: _____ E-mail Address: _____

What languages do you speak? _____

Please indicate your level of English fluency:

__ Native Speaker Able to read, write and speak fluently ___ Speak fluently (cannot read/write in English) ___ Intermediate level ___ Basic level

Please note that this program will be taught in the English language.

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

Are you currently experiencing any of the following:

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

Do you have a case worker? Yes ___ No ___ If so, which organization are you working with? _____

What methods of transportation do you use? ___my own car ___ someone else’s car ___ bus ___ 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

LEGAL

Do you have any pending court cases or current warrants? Yes No

If yes, next court date: ____/____/____

Do you have any current warrants? Yes 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 Home confinement N/A

SUBSTANCE USE

Have you ever used alcohol or drugs recreationally? Yes No

If yes, please check all applicable substances:

- Alcohol Length of use: _____
 - PCP Length of use: _____
 - Heroin Length of use: _____
 - Marijuana Length of use: _____
 - Meth Length of use: _____
 - Crack/Cocaine Length of use: _____
 - LSD Length of use: _____
 - Mushrooms Length of use: _____
 - K2 Length of use: _____
 - Other street drug: _____ Length of use: _____
- If alcohol, last date of use: ____/____/____ If drugs, last date of use: ____/____/____

How often did you use alcohol and/or drugs? _____ How much? _____

Have you ever enrolled in a Substance Abuse Treatment program? Yes No

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 drug testing at any time. Are you willing to be tested for the use of drugs if asked to? Yes No

HEALTH

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 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

Printed Name

8.13.2024