



# CULINARY TRAINING PROGRAM APPLICATION

## GENERAL INFORMATION

Legal Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Other names used: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Case Manager Name (if applicable): \_\_\_\_\_ Phone #: \_\_\_\_\_

Organization Case Manager is affiliated with: \_\_\_\_\_

## **Referral**

Were you referred to the Food Bank Culinary Training Program? \_\_\_\_\_

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Relationship (example: manager, family, and friend): \_\_\_\_\_

Contact information – Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Is this your first time application for this training program? \_\_\_\_\_

**Transportation**

Do you have reliable transportation? Yes \_\_\_ No\_\_\_

If no, how would you get to and from culinary training? \_\_\_\_\_

**Citizenship**

Are you legally entitled to work in the United States? Yes \_\_\_ No\_\_\_

**Veteran Status**

Have you ever served in the armed forces? Yes \_\_\_ No\_\_\_

**Disability Status**

Do you have a disability that substantially limits your work activities? Yes \_\_\_ No\_\_\_

**PERSONAL INFORMATION & HISTORY**

Do you have a secure place to live for the next 6 months that would allow regular attendance? Yes \_\_\_ No\_\_\_

If staying in a residential program, when is your move-out date? \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you have adequate childcare that would allow regular attendance, if applicable? Yes \_\_\_ No\_\_\_

**Educational History**

Please list the schools attended:

<b>High School</b>	<b>Dates</b>	<b>Diploma/GED</b>
<b>Vocational School</b>	<b>Dates</b>	<b>Certificate</b>
<b>College</b>	<b>Dates</b>	<b>Degree/Major</b>

**Legal History**

Do you have any legal problems that might prevent regular attendance? Yes \_\_\_ No\_\_\_

If **yes**, please explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a misdemeanor? Yes \_\_\_\_\_ No\_\_\_\_\_

If **yes**, explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No\_\_\_\_\_

If **yes**, explain: \_\_\_\_\_

\_\_\_\_\_

Were you incarcerated? Yes \_\_\_\_\_ No\_\_\_\_\_

If **yes**, explain \_\_\_\_\_

\_\_\_\_\_

Are you on probation, parole or work release? Yes \_\_\_ No\_\_\_

If yes, which? \_\_\_\_\_

How long? \_\_\_\_\_

To whom do you report? \_\_\_\_\_

How often/What time? \_\_\_\_\_

Contact name: \_\_\_\_\_

Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**C. Employment History**

Please list your work experience in the following charts. Start with your most recent job held. If you were self-employed, give firm name.

*Please be specific about food service experience.*

Name of Employer:	Supervisor's Name:	Employment dates: From:	Pay or salary: Start:
City, State, Zip:	Phone #:	To:	Final:
Your last job title:			
Reason for leaving (be specific):			
List the jobs you held, duties performed, skills used and learned, advancements or promotions while you worked at this company:			

Name of Employer:	Supervisor's Name:	Employment dates: From:	Pay or salary: Start:
City, State, Zip:	Phone #:	To:	Final:
Your last job title:			
Reason for leaving (be specific):			
List the jobs you held, duties performed, skills used and learned, advancements or promotions while you worked at this company:			

Name of Employer:	Supervisor's Name:	Employment dates: From:	Pay or salary: Start:
City, State, Zip:	Phone #:	To:	Final:
Your last job title:			
Reason for leaving (be specific):			
List the jobs you held, duties performed, skills used and learned, advancements or promotions while you worked at this company:			

List any other food service experience you've had:

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**Health History**

Do you have any medical or mental health concerns that the Central Texas Food Bank may need to know in the event of a medical or safety incident? Yes \_\_\_ No\_\_\_

If **yes**, explain \_\_\_\_\_  
\_\_\_\_\_

Are you currently on any medication that Central Texas Food Bank may need to know in the event of a medical or safety incident? Yes \_\_\_ No\_\_\_

If yes, explain: \_\_\_\_\_

List any allergies or issues that you have working with specific types of food? (For example: seafood, pork, nuts or other)? \_\_\_\_\_  
\_\_\_\_\_

**STRENGTHS ASSESSMENT**

What do you see as your personal strengths? What skills will you bring to the training program?

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What have been the main challenges in your life recently and how have you dealt with them?

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**GOALS/EXPECTATIONS**

Why are you applying to this training program?

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What are your career goals?

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**PROGRAM REQUIREMENTS**

Listed below are some of the Training Program requirements: Please **initial** after each one if you agree and will abide by these requirements.

I understand that daily attendance is required. \_\_\_\_\_

I understand that I am required to remain drug and alcohol free. \_\_\_\_\_

I understand that I must be on time and prepared to stay the entire scheduled shift. \_\_\_\_\_

I understand that I must be willing to accept instruction from my instructors and supervisors and complete the assignment/work that is assigned to me with a positive attitude. \_\_\_\_\_

I understand that the Central Texas Food Bank is not responsible for damage, loss or theft of my personal property. \_\_\_\_\_

I authorize investigation of all statements contained in this application including a Sex Offender Registry check. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Central Texas Food Bank permission to contact schools, previous employers (unless otherwise indicated), references and others, and hereby release the Central Texas Food Bank from any liability as a result of such agreement.

**Applicant / Student Signature:**

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Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## **QUESTIONNAIRE**

The following questions are for the sole purpose of assessing the outcomes of the Culinary Training Program. This information is confidential and is used to help determine how the training has impacted the employment and income of students after graduation.

1. Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_
  2. What is/was your most recent income? \$ \_\_\_\_\_ per \_\_\_\_\_ (hour/year – circle one)
  3. How long has it been since you have been employed, if applicable?
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