



# CULINARY JOB TRAINING PROGRAM APPLICATION

## GENERAL INFORMATION

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

\_\_\_\_\_

Last name

First name

Middle name

Phone: (\_\_\_\_) \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security No: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

E-mail: \_\_\_\_\_

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

\_\_\_\_\_ Ward (DC only): \_\_\_\_\_

How did you hear about the program?

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

Why are you interested in the Culinary Job Training Program? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT

Are you a US citizen? Yes No If no, are you legally entitled to work in the US? Yes No

Are you a veteran? Yes No Do you have any foodservice experience? Yes No

Do you receive SSDI, SSI, or IDA? Do you have a bank account? Yes No

Most Recent Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Dates of employment (month/year): \_\_\_\_\_ to \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Dates of employment (month/year): \_\_\_\_\_ to \_\_\_\_\_

Reason for leaving: \_\_\_\_\_



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## EDUCATION

Highest education level completed:

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

Area of study/certification: \_\_\_\_\_

## HOUSING

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

Current living situation:

- living w/family or friends              program/shelter              street              transitional housing
- own home                                      permanent subsidized housing              other

Do you have a responsibility for care of any children/family members?   Yes   No

If yes, please describe: \_\_\_\_\_

## LEGAL

Do you have any pending court cases?   Yes   No      If yes, next court date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you have any current warrants?   Yes   No

Do you have any previous convictions?   Yes   No

If yes, describe the charge(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you currently on:   Parole   Probation   Work Release   Home Confinement   None

PO name: \_\_\_\_\_                      Phone: \_\_\_\_\_

## SUBSTANCE USE

Have you ever used alcohol or drugs?   Yes   No

If yes, list all applicable substances: \_\_\_\_\_

Date of last alcohol use: \_\_\_\_/\_\_\_\_/\_\_\_\_              Date of last drug use: \_\_\_\_/\_\_\_\_/\_\_\_\_



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How often do/did you use alcohol and/or drugs? \_\_\_\_\_ How much? \_\_\_\_\_

\_\_\_\_\_

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

If yes, which one? \_\_\_\_\_ When? \_\_\_\_\_

Other program: \_\_\_\_\_ When? \_\_\_\_\_

Other program: \_\_\_\_\_ When? \_\_\_\_\_

If you have a history of alcohol and/or drug use, what is your clean date? \_\_\_\_/\_\_\_\_/\_\_\_\_

## HEALTH

Do you currently have a Primary Care doctor? Yes No Insurance: \_\_\_\_\_

Please list all diagnosed medical conditions (e.g., high blood pressure, asthma, arthritis, diabetes, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you currently take medication for any of the above? Yes No

Have you ever been diagnosed with a mental illness? Yes No

Do you currently have a psychiatrist? Yes No What agency? \_\_\_\_\_

If yes, please list all diagnosed mental health conditions (e.g., Depression, Schizophrenia, ADHD, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you currently take medication for any of the above? Yes No

Does any of your medication make you drowsy or affect your ability to work? Yes No

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

Is there anything else we should know about you? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_