



<b>Internal Use Only:</b>		
Date Received: _____ / _____ / _____	TB Test? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Clearance? <input type="checkbox"/> Yes <input type="checkbox"/> No

## CULINARY JOB TRAINING PROGRAM APPLICATION

### GENERAL INFORMATION

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

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
 Phone: (\_\_\_\_\_) \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

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

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

Ward (DC Only): \_\_\_\_\_

How did you hear about the program:  Healthy Corners  Agency \_\_\_\_\_

Other Outreach or Recruitment activity, please indicate:

Outreach Event: \_\_\_\_\_ Agency Name: \_\_\_\_\_

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

### EMPLOYMENT

Are you legally entitled to work in the US?  Yes  No

Do you have food service experience?  Yes  No

Do you have a bank account?  Yes  No

Are you a veteran?  Yes  No

Do you receive  SSDI  SSI  IDA

### EDUCATION

Highest education level completed:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Elementary/Middle School | <input type="checkbox"/> Some High School      | <input type="checkbox"/> High School Diploma |
| <input type="checkbox"/> GED                      | <input type="checkbox"/> Some College          | <input type="checkbox"/> Associates Degree   |
| <input type="checkbox"/> Bachelor's Degree        | <input type="checkbox"/> Master's Degree/Ph.D. |  |

### HOUSING

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

Current living situation:

- |   |   |                                       |
|---|---|---------------------------------------|
| <input type="checkbox"/> Living with family/friends | <input type="checkbox"/> Program/shelter              | <input type="checkbox"/> Street       |
| <input type="checkbox"/> Transitional housing       | <input type="checkbox"/> Permanent Subsidized Housing | <input type="checkbox"/> Other: _____ |

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

If **yes**, please describe \_\_\_\_\_



# CULINARY JOB TRAINING PROGRAM APPLICATION

## LEGAL

Do you have any pending court cases?  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?  Yes  No

If **yes**, please check all applicable substances:

- |   |                      |  |                      |
|---|----------------------|--|----------------------|
| <input type="checkbox"/> Alcohol                  | Length of use: _____ | <input type="checkbox"/> Crack/Cocaine | Length of use: _____ |
| <input type="checkbox"/> PCP                      | Length of use: _____ | <input type="checkbox"/> LSD           | Length of use: _____ |
| <input type="checkbox"/> Heroin                   | Length of use: _____ | <input type="checkbox"/> Mushrooms     | Length of use: _____ |
| <input type="checkbox"/> Marijuana                | Length of use: _____ | <input type="checkbox"/> K2            | Length of use: _____ |
| <input type="checkbox"/> Other street drug: _____ | Length of use: _____ | <input type="checkbox"/> Meth          | 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: \_\_\_\_/\_\_\_\_/\_\_\_\_

## HEALTH

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

\_\_\_\_\_

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

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date