



Fresh Starts Culinary Academy Trainee Application and Referral Form

Date:

Name of Referrer:

Referring Agency:

Referrer Contact Details:

CONTACT INFORMATION

First Name:

Last Name:

Address:

Home Phone:

Cell Phone:

Email Address:

FOOD SERVICE EXPERIENCE

Have you worked in the food service industry before? Yes No

If "Yes", what did you do?

Can you stand for 8 hours per day? Yes No

Are you able to lift 40 pounds? Yes No

WORK EXPERIENCE

Please tell us about any work experience you may have please include:

1) Where you worked, 2) Your job title and 3) How long you worked there.

How much per hour did you earn in your last job?

Are you currently working? Yes No

If yes, how many hours a week?

Name of employer:

Job Title:



Fresh Starts Culinary Academy Trainee Application and Referral Form

PERTINENT INFORMATION

Education

Highest Level of education completed (Circle):

Number of years college/ university

Where did you attend?

Did you receive a degree? Yes No If yes, what degree?

Have you completed any vocation training? Yes No

If yes, please describe:

How will you get to class every day?

Have you ever been convicted of a criminal offense (felony, or serious misdemeanor)?
(Convictions for marijuana-related offenses that are more than two years old need not be listed.)

Yes No

If yes, state the nature of the crime(s), when and where convicted, and disposition of the case.

(Please note: No applicant will be denied acceptance based solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the program applied for may be considered.)

EMERGENCY CONTACT

Name	
Street Address	
City, St., Zip Code	
Home Phone	
Work Phone	
E-mail Address	



Fresh Starts Culinary Academy Trainee Application and Referral Form

PROGRAM REQUIREMENTS

Listed below are some of the Fresh Starts Training Program Requirements. Please initial after each one if you agree to them.

_____ I understand that daily attendance is required.

_____ I understand that I am required to remain drug and alcohol free while attending class, meetings, and on the job.

_____ I understand that I must be on time and prepared to stay the entire day.

_____ I understand that I must be willing to accept instruction from my trainers and supervisors and complete the work that is assigned to me with a positive attitude.

_____ I understand that I must be on time, come prepared in a clean complete uniform including hat and shoes, and be prepared to stay the entire day.

_____ I understand that I must have a willingness to confront my personal challenges and/ or barriers.

_____ I understand that I must provide a lock for my locker to use while I am enrolled in the Fresh Starts training program.

_____ I understand that Fresh Starts and Homeward Bound are not responsible for damage, loss, or theft of my personal property.

_____ I understand that Fresh Starts is an employment training program. By participating, I'm committed to gaining employable skills and to actively participating in job search.

AGREEMENT AND SIGNATURE

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a trainee, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I further recognize that if I am selected for this training program, I will be receiving the benefit of an industry-certified course with a value of \$5,000 at completion.

Name (printed)	
Signature	
Date	



Fresh Starts Culinary Academy Trainee Application and Referral Form

OUR POLICY

We consider all applicants without regard to race, color, religion, gender, ancestry, marital status, veteran status, national origin, sexual orientation, age or disability and any other legally protected status.

Thank you for completing this application form and for your interest in training for employment in the culinary industry