

Date:			
Name of Referrer:	Referrin	ng Agency:	
Referrer Contact Details:			
CONTACT INFORMATION			
First Name:	Last Na	ıme:	Pronouns:
Address:			
Home Phone:	Cell Pho	one:	
Email Address:			
FOOD SERVICE EXPERIENCE			
Have you worked in the food service indu If "Yes", what did you do?	ıstry befor	re? 🗆 Yes 🗆 No	
Can you stand for 8 hours per day? \square Yes	s 🗆 No	Are you able to lift 4	10 pounds? □ Yes □ No
WORK EXPERIENCE			
Please tell us about any work experience 1) Where you worked, 2) Your job title and			
How much per hour did you earn in your	last job?		
Are you currently working? \Box Yes \Box	No I	If yes, how many hours a w	reek?
Name of employer:	Jo	ob Title:	





PERTINENT INFORMATION

Education	
Highest Level of education completed (Circle):	
Number of years college/university Where did you attend?	
Did you receive a degree? \square Yes \square No If yes, what degree?	
Have you completed any vocation training? \square Yes \square 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.) \square Yes \square 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 offence. The nature of the offence, the date of the offense, the surrounding circumstances and the 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	





PROGRAM REQUIREMENTS

Listed below are some of the	e Fresh Starts Training Program Requirements. Please initial after each one if	
you agree to them.		
I understand that daily	y attendance is required.	
I understand that I am	n required to remain drug and alcohol free.	
I understand that I mu	ust be on time and prepared to stay the entire day.	
I understand that I mu	ust be willing to accept instruction from my trainers and supervisors and	
complete the work that is as:	signed to me with a positive attitude.	
I understand that I mu	ust 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 mu	ust have a willingness to confront my personal challenges and/or barriers.	
I understand that I mu	ust provide a lock for my locker to use while I am enrolled in the Fresh Starts	
training program.		
I understand that Fres	sh Starts and Homeward Bound are not responsible for damage, loss, or theft c	f
my personal property.		
I understand that Fres	sh Starts is an employment training program. By participating, I'm committed to)
gaining employable skills and	d to actively participating in job search.	
AGREEMENT AND SIGN	NATURE	
		٠.
,	n, I affirm that the facts set forth in it are true and complete. I understand that	
	y false statements, omissions, or other misrepresentations made by me on this	>
	immediate dismissal. I further recognize that if I am selected for this training	
	he benefit of an intensive three-tier course with a value of \$10,000 at	
completion.		
Name (printed)		
ταιτιε (βιπτεσα)		
Signature		
Date		





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

