

| Date: | | | | | |
|---|------------------|---|------|--|--|
| Name of Referrer: | Referring Agency | <i>y</i> : | | | |
| Referrer Contact Details: | | | | | |
| CONTACT INFORMATION | | | | | |
| First Name: | Last Name: | Pronouns: | | | |
| Address: | | | | | |
| Home Phone: | Cell Phone: | | | | |
| Email Address: | | | | | |
| FOOD SERVICE EXPERIENCE | | | | | |
| Have you worked in the food service industry If "Yes", what did you do? | stry before? 🗆 Y | es 🗆 No | | | |
| Can you stand for 8 hours per day? \square Yes | □ No A | are you able to lift 40 pounds? \square Yes | □ No | | |
| CALFRESH Are you currently enrolled in the CalFresh (food stamps) program? (This will not affect your admittance decision) | | | | | |
| If no, would you like to enroll? Yes No I'm not sure if I qualify | | | | | |
| 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 | :: |
| PERTINENT INFORMATION | |
| Education | |
| Highest Level of education completed (Circle): | |
| Number of years college/university Where of | lid youattend? |
| Did you receive a degree? \square Yes \square No If yes, what | degree? |
| Have you completed any vocation training? $\ \square$ Yes | □ No |
| If yes, please describe: | |
| How will you get to class every day? | |
| Have you ever been convicted of a criminal offense (feld (Convictions for marijuana-related offenses that are mor \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 bas offence. The nature of the offence, the date of the offens of the offense to the program applied for may be consid | e, the surrounding circumstances and the relevance |





EMERGENCY CONTACT

Name

Street Address

| City, St., Zip Code | | |
|--|--|---|
| Home Phone | | |
| Work Phone | | |
| E-mail Address | | |
| | | |
| PROGRAM REQUIREM | ENTS | |
| Listed below are some of the | Fresh Starts Training Program Requirements. Please initial after each one if | |
| you agree to them. | | |
| I understand that this i | s a job-training program of 12 weeks (about 3 months) M-F from 9 a.m. | |
| to 3 p.m. | | |
| I can commit to the Fr | esh Starts Culinary Academy schedule. | |
| I understand that daily | attendance is required. | |
| I understand that I am | required to remain drug and alcohol free. | |
| I understand that I mu | st be on time and prepared to stay the entire day. | |
| I understand that I mu | st 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 | st be on time, come prepared in a clean complete uniform including hat | |
| and shoes, and be prepared | o stay the entire day. | |
| I understand that I mu | st have a willingness to confront my personal challenges and/or barriers. | |
| I understand that I mu | st provide a lock for my locker to use while I am enrolled in the Fresh Starts | |
| training program. | | |
| | h Starts and Homeward Bound are not responsible for damage, loss, or theft of | f |
| my personal property. | | |
| | Starts is an employment training program. By participating, I'm committed to | |
| gaining employable skills and ^r | 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 intensive three-tier course with a value of \$5,000 at completion.

| Name (printed) | |
|----------------|--|
| 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

