

Date:				
Name of Referrer:	Refe	rring Agency:		
Referrer Contact Details:				
CONTACT INFORMATION				
First Name:	Last	Name:	Pronouns:	
Address:				
Home Phone:	Cell I	Phone:		
Email Address:				
FOOD SERVICE EXPERIENCE				
Have you worked in the food service If "Yes", what did you do?	industry be	efore? □ Yes □	□ No	
Can you stand for 8 hours per day?	∃Yes □	No Are yo	ou able to lift 40 pounds? [□ Yes □ No
CALFRESH Are you currently enrolled in the CalFr not affect your admittance decision) [WORK EXPERIENCE	•	tamps) program? No	(This will	
Please tell us about any work experie worked, 2) Your job title and 3) How	•	•	clude: 1) Where you	
How much per hour did you earn in yo	ur last job?			
Are you currently working? ☐ Yes	□ No	If yes, how ma	any hours a week?	Homeward Bound
Name of employer:		Job Title:		OF MARI



PERTINENT INFORMATION

Education			
Highest Level of education co	ompleted (Circle)):	
Number of years college/uni	versity	Where did youattend?	
Did you receive a degree?] Yes □ No If	If yes, what degree?	
Have you completed any voc	ation training?	☐ Yes ☐ No	
If yes, please describe:			
How will you get to class eve	ry day?		
•		offense (felony, or serious misdemeanor)? That are more than two years old need not be listed.)	
(Please note: No applicant wi	ill be denied acce	and where convicted, and disposition of the case. eptance based solely on the grounds of conviction of a crift the offense, the surrounding circumstances and the rele	
of the offense to the program			varie
EMERGENCY CONTACT			
Name			
Street Address			
City, St., Zip Code			
Home Phone			
Work Phone			
E-mail Address			





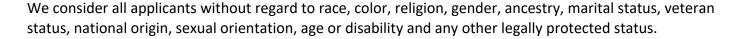
PROGRAM REQUIREMENTS

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





OUR POLICY



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

Funding for Fresh Starts Culinary Academy was provided in part by the United States Department of Agriculture. USDA is an Equal Opportunity Provider, Employer, and Lender.

