
Relationship to you	Phone	Email
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EMPLOYMENT HISTORY

*Please provide complete information on your last three jobs, starting with the most recent. Note: Food experience is not a requirement for admission to the Gap Kitchen Culinary Program.

(1)

Employer (Company Name)	Job Title
Name of Supervisor	Supervisor's Phone Number
Duties/Responsibilities	
Start Date	End Date
Reason for leaving	

(2)

Employer (Company Name)	Job Title
Name of Supervisor	Supervisor's Phone Number
Duties/Responsibilities	
Start Date	End Date
Reason for leaving	

(3)

Employer (Company Name)	Job Title
Name of Supervisor	Supervisor's Phone Number

Duties/Responsibilities

Start Date _____ End Date _____

Reason for leaving _____

EDUCATION

Last Grade Completed (#) _____

Highest Level of Educational Achievement (Circle One)

High School Graduate Studying for GED GED Complete College Graduate None of the Above

Other Special Trainings or
Certifications _____

Do you have any prior food experience (e.g. employment, volunteer) or education?
(Circle One) Yes No

If yes, please describe:

ADDITIONAL INFORMATION

Have you applied to or been enrolled in this program before? (Circle One) Yes No

How did you hear about the Gap Kitchen Culinary Program?

REFERENCES

**Please list two references who are not relatives or previous supervisors. These should be individuals who have known you well for 1 year or more.*

(1)

Name _____ Relationship to you _____

Phone Number _____ How long have you known them? _____

(2)

Name	Relationship to you
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Phone Number	How long have you known them?
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BACKGROUND INFORMATIONAre you a Veteran? (Circle One) **Yes** **No**Have you ever been convicted of a felony? (Circle One) **Yes** **No**If Yes, Please explain _____
_____Do you have a parole or probation officer? (Circle One) **Yes** **No**

If Yes, Please provide:

Parole Officer Name	Phone Number
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HOUSEHOLD, TRANSPORTATION AND LIVING SITUATION

Please indicate the ethnicity with which you identify (Circle One)

Caucasian or White African American or Black Hispanic or Latino

Asian American Indian or Native American Other

Prefer not to answer

Is English your first language?

Do you have a secure place to live for the next three months while in the program?

(Circle One) **Yes** **No**If No, What is your plan to secure housing during the program?

_____Are you the head of your household? (Circle One) **Yes** **No**

Number of People in Household _____

How many children do you have? _____

What are the ages of the children? _____

If selected for the Culinary Training Program, will you be able to accommodate stable childcare during the 10 week program? (Circle One) **Yes** **No**

Do you have any regular ongoing appointments?
(e.g. Doctor, Probation Officer, Parole Officer, Counseling, Therapy, Classes) (Circle One) Yes No

If Yes, Please
explain _____

Do you have any medical conditions that make certain work or physical activities difficult for you?
(Circle One) Yes No

If Yes, Please
explain _____

Do you suffer from or have you previously been diagnosed with depression, anxiety, or any behavioral or mental conditions? (Circle One) Yes No

Do you take any medications that may cause you to experience side effects, such as drowsiness, impaired motor skills, or impaired judgment? (Circle One) Yes No

Do you have a food borne illness that prevents you from working with food (e.g. Hepatitis A)?
(Circle One) Yes No

Do you have any food restrictions or allergies? If yes, please describe.

Are you currently or have ever been involved in any type of drug or alcohol rehabilitation?
(Circle One) Yes No

If Yes, Which program? _____

TRAINING REQUIREMENTS

Listed below are some program requirements. Please review and initial that you agree to these requirements.

_____ I understand that daily attendance is from 9:00 A.M. to 5:00 P.M. and is required.

_____ 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 instructors and complete the tasks that are assigned to me with a positive attitude

_____ I understand that I must be clean and sober for at least 90 days.

_____ I understand that GAP Ministries is not responsible for damage, loss, or theft of my personal property.

_____ I understand that I must maintain personal hygiene and that my attire will be clean and without visible signs of wear or stains.

ELIGIBILITY REQUIREMENTS

Do you have a legal right to be employed in the US? (Circle One) Yes No

All instruction and communication for this program is conducted in English. If selected, are you able to read, write and communicate in English proficiently? (Circle One) Yes No

Kitchen duties include but are not limited to:

