



People **Serving** People

Culinary Arts Training Program Application Form

Name: _____ Date: ____/____/____

Date of Birth (mm/dd/year) _____

Current Street address _____

Apt # _____ City _____ State _____ Zip Code _____

(____) _____
Telephone number

(____) _____
Alternate telephone number

Email
Address _____

How did you hear about the Kitchen Training Program? (Please check appropriate box)

- Counselor told me about it (Below please list person's name & agency)

➤ _____

- Friend/Relative told me about it (Below please list person's name)

➤ _____

- Poster on the wall (Below please list where you saw the poster)

➤ _____

- PSP staff told me about it (Below please list which staff told you)

➤ _____

- Other (Below please list where you heard about this program)

➤ _____

EMPLOYMENT HISTORY (Start with your most recent employer)

Employer #1 (Current or most recent)

Dates of employment: ____/____/____ to ____/____/____ (mm/dd/year)

Name of employer / company: _____

Address of employer / company: _____
Street address City State Zip Code

Name of your supervisor: _____

Phone number of supervisor: _____ May we contact? YES NO

Your job title: _____

Employer #2 (Current or most recent)

Dates of employment: ____/____/____ to ____/____/____ (mm/dd/year)

Name of employer / company: _____

Address of employer / company: _____
Street address City State Zip Code

Name of your supervisor: _____

Phone number of supervisor: _____ May we contact? YES NO

Your job title: _____

Have you ever pled “guilty” or “no contest” to, or been convicted of a crime? YES NO

If Yes, Please Explain: _____

EDUCATION

Do you have?

- 1. High School Diploma: YES or NO

Name of High School: _____

- 2. G.E.D.: YES or NO

- Where did you get your G.E.D? _____

- 3. Neither: YES or NO

- Highest grade completed: _____

Have you attended any college courses? YES NO

Please list any degrees (other than H.S. diploma) that you hold:

Degree

School

Graduation year

1. _____

2. _____

REFERENCES

Please list two (2) references that are not related to you:

Name

Relationship to you

Phone

Years Known

1. _____

2. _____

I, _____, by signing below verify that all the information provided in this application is true to the best of my knowledge. I have not knowingly misrepresented myself in any way. I also give permission to People Serving People to conduct a criminal background check.

Signature _____

Date: _____