



404 Euclid Avenue
 San Diego, CA 92114
 619-450-4040
<http://kitchensforgood.org>
training@kitchensforgood.org

Applicant Name: _____

PROJECT LAUNCH CULINARY APPRENTICESHIP PROGRAM APPLICATION

Thank you for your interest in Kitchens for Good's Project Launch Culinary Apprenticeship Program

The Apprenticeship Program last for 12 weeks and aims to prepare previously incarcerated persons, youth aging out of foster care, victims of domestic violence, individuals with mental health/physical disorders, and individuals with histories of substance of abuse for careers in the food-service industry. Below is a list of upcoming courses and application due dates. Please note that classes are Monday through Friday 8:30am- 4:30pm - **attendance is mandatory**.

Class Number	Application Due Date	Class Start Date
10	November 6, 2017	December 6, 2017
11	January 14, 2018	February 14, 2018
12	March 25, 2018	April 25, 2018
13	June 9, 2018	July 9, 2018

Applications must be completely filled out to be considered. Kitchens for Good staff will review applications and invite selected candidates for interviews within 1 month of the class start date. Please note that submitting an application does not guarantee an interview or a spot in the apprenticeship program. If the candidate successfully completes the interview, he/she will be scheduled to do a 4 hour trial shift in our kitchen. During the trial kitchen shift, candidates will be evaluated on punctuality, ability to follow instructions, ability to focus, team-work, and attitude.

All information in this application will be used by Kitchens for Good staff to better understand each potential trainee's abilities, situation, and needs. Information will be kept confidential.

INSTRUCTIONS

Please fill out the all sections of the application and submit it to training@kitchensforgood.org or drop it off at 404 Euclid Avenue, San Diego CA 92114. Required fields are indicated with an asterisk (*). You can also complete the form online at <http://kitchensforgood.org/application/>.

If you have not done so already, please have your case manager or social services provider complete the Project Launch Culinary Apprenticeship Program Agency Referral Form. Case managers or social services providers can view program requirements and access the PDF or online referral form at <http://kitchensforgood.org/culinary-job-training/>. Hard copy referrals can be submitted to training@kitchensforgood.org or at the address provided above. If you do not have a case manager or social services provider please indicate that in the appropriate section of this application.

ELIGIBILITY REQUIREMENTS

*Please Initial Each Line to Indicate That You Meet Each Eligibility Requirement

- ___ I Am 18 Years or Older
- ___ I Am Eligible for Work in the United States
- ___ I Am Currently Either Unemployed or Underemployed
- ___ I Am Available to Be In Class From 8:30am to 4:30pm; Monday Thru Friday; No Exceptions
- ___ I Am Curious, Ready to Learn, and Able to Complete All Homework Assignments
- ___ I Am Interested and Eligible to Work Full Time in a Food Service Career
- ___ I Have No Outstanding Arrest Warrants
- ___ I Have a Stable Housing Environment For the Next 6 Months
- ___ I Am Drug Free and Sober For 120 Days Prior to the First Day of Class, and Willing to Undergo Random Drug Screening Before or During the Training
- ___ I Am Able to Stand For a Minimum of 8 Hours With Two 15 Minute Breaks and I Am Able to Lift 50 Pounds With Reasonable Accommodations
- ___ *I Meet One of the Below Criteria (Initial All That Apply)
 - ___ Legal Issues (Misdemeanors, Felonies, Probation, Parole, Incarceration, Work Release)

- ___ Former or Current Foster Youth
- ___ Victim of Domestic Violence
- ___ Mental/Physical Health Disorder
- ___ Substance Abuse Issues

Signature _____ Date _____

GENERAL INFORMATION

*Class Number Applying For _____

*First Name _____ *Last Name _____

*Email _____

*Home Phone _____ *Mobile Phone _____

Work Phone _____ Other Phone _____

*Street Address _____ *City _____

*State _____ *Zip Code _____

*Age _____

*Do You Have I-9 Employment Documentation (Birth Certificate, Social Security Card, Driver's License or DMV Identification Card, etc.)? Yes No
 For Additional Information View the US Citizen and Immigration Services Web Page <https://www.uscis.gov/i-9?>

*Gender Female Male Other

*Race American Indian/Alaskan Native Asian/Pacific Islander Black/African American
Latino/Hispanic White/Caucasian Other/Do Not Want to Specify

*Have You Ever Served in the Armed Forces Yes No

*How Did You Hear About Our Program Agency Material (Flyer, Email, Etc.) Agency Referral Attended KFG Event Internet
Job/Resource Fair KFG Marketing Material KFG Staff KFG Student
KFG Volunteer Newspaper Office Walk In Other Radio Television
Word of Mouth (Family, Friends, Etc.)

*If Other, Specify How You Heard About Our Program _____

EDUCATION HISTORY

*Did You Attend High School	Yes	No	*If Yes, What High School	_____
*Did You Receive a Diploma or GED	Diploma	GED	None	*Year Graduated/GED _____
*Have You Had Any Vocational Training	Yes	No		
*Did You Receive a Certificate	Yes	No	*If Yes, What Type of Certificate	_____
*Did You Attend College	Yes	No	*If Yes, What College	_____
*Did You Receive a Degree	Yes	No	*If Yes, Year of Degree	_____

WORK HISTORY

*Are You Currently Employed	Yes	No	*If Yes, Who is Your Employer	_____
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Please list all your work experience in the following space. Start with the last job you held. Include self-employment and any experience while incarcerated.

WORK EXPERIENCE #1

*Employer	_____	*Position Held	_____
*Supervisor	_____	*Employment Dates	From / / To / /
*Work Location	_____	*Hourly Rate	_____
*Reason for Leaving (Be Specific)	_____ _____		
*Duties Performed and Skills Used	_____ _____		

WORK EXPERIENCE #2

Employer	_____	Position Held	_____
Supervisor	_____	Employment Dates	From / / To / /
Work Location	_____	Hourly Rate	_____
Reason for Leaving (Be Specific)	_____ _____		
Duties Performed and Skills Used	_____ _____		

WORK EXPERIENCE #3

Employer _____

Position Held _____

Supervisor _____

Employment Dates From / / To / /

Work Location _____

Hourly Rate _____

Reason for Leaving (Be Specific) _____

Duties Performed and Skills Used _____

LEGAL HISTORY

Kitchens for Good will accept individuals with criminal records. Legal History will be used for record purposes only.

*What is Your Legal History Felony Incarceration Misdemeanor None

*Are You Currently On: Parole Probation Work Release None

*If Currently on Parole, Probation, or Work Release, How Long, How Often, and What Time

*Probation/Parole Officer Name _____ *Probation/Parole Officer Phone _____

*Do You Have Any: Warrants Upcoming Court Dates Legal Problems

*If You Have Warrants, Court Dates, or Legal Problems Then Provide an Explanation _____

***If Legal History includes a Misdemeanor, provide information in the following space.**

*Misdemeanor Charge	*Explain What Happened/Why	*Were You Incarcerated/How Long

***If Legal History includes a Felony, provide information in the following space.**

*Felony Charge	*Explain What Happened/Why	*Were You Incarcerated/How Long

*Felony Charge	*Explain What Happened/Why	*Were You Incarcerated/How Long

CASE MANAGEMENT INFORMATION

*Do You Have a Case Manager or Work with a Program Yes No

*Program/Agency Name _____ Case Manager Name _____

Case Manager Phone _____ Case Manager Email _____

List Any Other Organizations You Work With (Career Center, TAENF, Etc.) _____

SUBSTANCE ABUSE HISTORY

*Do You Have a History of Substance Abuse Alcohol Drugs Both None

When Was the Last Time You Have Used Alcohol Within the Week Within the Month Within the Last 6 Months
 Within the Past Year Over a Year Ago Never

When Was the Last Time You Have Used Illicit Drugs Within the Week Within the Month Within the Last 6 Months
 Within the Past Year Over a Year Ago Never

Have You Ever Been in a Drug or Alcohol Treatment Program Yes No

What Treatment Facility and When _____

How Long Have You Been Clean or Sober and What is Your Clean Date _____

***Kitchens for Good Has a Strict No Drug or Alcohol Use Policy During the Culinary Apprenticeship Program. Applicants Understand That:**

(1) Kitchens for Good has a drug and alcohol policy that provides for random and causal testing before and/or during the program;
 (2) Applicant consents to and is in compliance with such policy at the time of enrollment; and
 (3) Applicants continued enrollment is based on the successful passing of testing under such policy.
 If you agree with the above stated policy, sign below.

*Applicant's Signature: _____ *Date: _____

HOUSING INFORMATION

*What is Your Housing Status Friend Halfway House Homeless Other Own Rent
Permanent Subsidized Housing Relative Transitional House Shelter

*If Other, Please Specify _____

*Do You Have Secure Housing for the Next 6 Months Yes No

*If No, Please How Long Will You Have Secure Housing and What is Your Plan for Finding Housing Afterwards _____

CHILDREN/OTHER FAMILY INFORMATION

*Did You Have Children Under 18 Yes No *If Yes, How Many _____

If Yes, Are They in Your Custody Yes No

If Yes, Are You a Single Parent Yes No

How Do You Plan to Maintain Stable Childcare During the Program and While in Full Time Employment _____

*Do You Have Responsibility for Other Family Members, for Example, an Aging Parent or Disabled Relative Yes No

*If Yes, Please Explain Responsibility _____

FOSTER YOUTH INFORMATION

*Are You a Current or Former Foster Youth Yes No If Yes, At What Age Did You Enter the Foster Care System _____

If Yes, Are You Still in Contact With Your Foster Family Yes No

DOMESTIC VIOLENCE INFORMATION

*Are You a Domestic Violence Victim Yes No

TRANSPORTATION INFORMATION

*Do You Have Transportation to Get to This Program on Time Each Day Yes No *If No, Indicate Your Intended Source of Transportation _____

MENTAL/PHYSICAL INFORMATION

*Have You Ever Been Diagnosed With a Mental Health Disorder/Illness (Includes Developmental/Learning Disabilities)	Yes	No	*If Yes, What is Your Diagnosis	_____
*Do You Have Any Physical Disorders (Includes Physical Disabilities)	Yes	No	*If Yes, What is Your Disorder	_____
*Do You Take Any Medication That May Cause You to Experience Side Effects Such as Drowsiness, Impaired Motor Skills, or Impaired Judgment	Yes	No	*If Yes, Please Explain Medication and Side Effect	_____
*Do You Have a Food Borne Illness or Allergy That Prevents You From Working With Food (For Example, Hepatitis C)	Yes	No	*If Yes, Please Explain Illness or Allergy	_____
Have You Ever Applied For	SSI	SDDI	IDA	

INCOME INFORMATION

*Does Your Household Currently Have a Source of Income	Yes	No	*If Yes, What is Your Monthly Income Value (Including Government Benefits)	_____
			*If Yes, What is Your Monthly Income Value (Without Government Benefits)	_____
*What Are Your Household's Sources of Income	Employment	Unemployment	Social Security	
	Social Security Disability	Family Support	Other	None
What Benefits or Services Does Your Household Receive	Food Stamps	SSI	Unemployment Benefits	MediCal
	Cash Assistance	Other	None	
*How Many People Do You Financially Support	_____			

GOALS QUESTIONNAIRE

Please answer the following questions, responses should be 2-4 sentences each.

*Why Are You Applying to This Program

*What Are Your Career Goals

*What Do You Hope to Get Out of This Program

*Why Is It Important For You to Get Selected for This Program

*What Are Your 2 Best Personal Strengths

*What Skills Do You Bring to the Program

*What Have Been the Main Life Challenges in Your Life Recently

*How Have You Dealt With Your Main Life Challenges

*Do You Have Any Prior Food or Kitchen Experience (Employment, Volunteer, Education)

*What Interests You About Working in the Culinary Industry

AGREEMENT TO PROGRAM REQUIREMENT

*Listed below are some of the Apprenticeship Program requirements. Please initial after each one if you agree to them.

- I Understand That Daily Attendance is Required
- I Understand That I Am Required to Remain Drug and Alcohol Free
- I Understand That I Must Be on Time and Prepared to Stay the Entire Day (8:30am- 4:30pm)
- I Understand That I Must Be Willing to Accept Instruction and Criticism From My Instructors and Supervisors, and Complete the Work Assigned to Me With a Positive Attitude
- I Understand That I Must Have a Willingness to Confront My Personal Challenges and/or Barriers

*Listed below are some of the Apprenticeship Program disclaimers. Please initial after each one if you agree to them.

- I Understand That if I Am Accepted Into the Program I Will Not Get Paid During Instructional Hours of the Program.
- I Hereby Grant Permission to Kitchens for Good to Contact the References, Caseworker, or Probation/Parole Officer Listed in This Application to Ask Questions Regarding My Character, Personality, Work Habits, and Abilities as They Relate to the Apprenticeship Program. I Release These References From All Liability and Responsibility That May Result From Providing Kitchens for Good With Such Information as Requested.
- I Hereby Grant Permission to Any of My References or Referral Agencies to Provide Confidential Information About Me to Kitchens for Good. All Information Received Will Be Used by Kitchens for Good Staff to Better Understand Each Potential apprentices Abilities, Situation, and Needs. Information Will Be Kept Confidential.
- I Authorize Investigation of All Statements Contained in This Application. I Understand That the Misrepresentation or Omission of Facts Called For is Cause For Dismissal at Any Time Without Any Previous Notice. I Hereby Give Kitchens for Good Permission to Contact Schools, Previous Employers (Unless Otherwise Indicated), References, and Others, and Hereby Release Kitchens for Good From Any Liability as a Result of Such Contact.

*Signature _____ *Date _____