PROJECT LAUNCH CULINARY APPRENTICESHIP PROGRAM APPLICATION

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

The Apprenticeship Program aims to prepare previously incarcerated persons, youth aging out of foster care, survivors of domestic violence, individuals with mental health/physical disorders, and individuals with histories of substance of abuse for careers in the food-service industry. The upcoming application due dates and class start dates can be found on the current flyer or on the organization website: https://kitchensforgood.org/applicants/ Please note that classes are Monday through Friday 8:30am - 4:30pm - attendance is mandatory.

Select one program:
_____ North County Culinary
_____ Central San Diego Culinary
_____ Central San Diego Baking

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. Program applicants who successfully complete the kitchen trial will be asked to complete an employment application and an authorization to conduct a criminal background check.

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. Project Launch is an equal opportunity employer/program, auxiliary aids and services are available upon request to individuals with disabilities.

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
- Survivor of Domestic Violence
- Mental Health Diagnosis
- 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 ______________________________________________

Yes No

*Do You Have I-9 Employment Documentation (Birth Certificate, Social Security Card, Driver’s License or DMV Identification Card, etc.)? For Additional Information View the US Citizen and Immigration Services Web Page https://www.uscis.gov/i-9?

*Gender Female Male Other

*Ethnic Background Hispanic/Latino Not Hispanic/Latino

*Race Select Other Multi-Racial if Your Race is Not Listed
White Black/African American Asian American Indian/Alaskan Native
Native Hawaiian/Other Pacific Islander American Indian/Alaskan Native and White
American Indian/Alaskan Native and Black/African American
Black/African American and White Asian and White Other Multi-Racial

*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

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**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

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**WORK HISTORY**

- Are You Currently Employed
  - Yes
  - No
  - If Yes, Who is Your Employer

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
- Supervisor
- Work Location
- Reason for Leaving (Be Specific)
- Duties Performed and Skills Used

- Position Held
- Employment Dates
- Hourly Rate

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**WORK EXPERIENCE #2**

- Employer
- Supervisor
- Work Location
- Reason for Leaving (Be Specific)

- Position Held
- Employment Dates
- Hourly Rate
**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.*

<table>
<thead>
<tr>
<th><em>Misdemeanor Charge</em></th>
<th><em>Explain What Happened/Why</em></th>
<th><em>Were You Incarcerated/How Long</em></th>
</tr>
</thead>
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<td></td>
</tr>
</tbody>
</table>
*If Legal History includes a Felony, provide information in the following space.

<table>
<thead>
<tr>
<th>Felony Charge</th>
<th>Explain What Happened/Why</th>
<th>Were You Incarcerated/How Long</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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*

<table>
<thead>
<tr>
<th>Friend</th>
<th>Halfway House</th>
<th>Homeless</th>
<th>Other</th>
<th>Own</th>
<th>Rent</th>
<th>Permanent Subsidized Housing</th>
<th>Relative</th>
<th>Transitional House</th>
<th>Shelter</th>
</tr>
</thead>
</table>

*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 ____________________________

**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 Survivor*  
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

**HEAD OF HOUSEHOLD/INCOME INFORMATION**
*How Many People Are in Your Household ______________________

*Are You the Head of Household    Yes    No

*Does Your Household Have Income    Yes    No

*What is Your Household’s Income ______________________ Monthly ______________________ Annually

*What Are Your Household’s Sources of Income

I’m Employment      Unemployment      Social Security
Social Security Disability      Family Member Employed
Cash Assistance      Other      None

*Do You Have Dependents (Children in Your Custody)    Yes    No

*If Yes, How Many Dependents ______________________

*If Yes, 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 ______________________

*Based on Your Household Income and Household Size, Check Which Category You Fall Into On the Chart Below)

<table>
<thead>
<tr>
<th>HOUSEHOLD SIZE</th>
<th>EXTREMELY LOW-INCOME LIMITS (0-30% OF MEDIAN)</th>
<th>VERY LOW-INCOME LIMITS (31-50% OF MEDIAN)</th>
<th>LOW/MODERATE-INCOME LIMITS (51-80% OF MEDIAN)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$0-$22,500</td>
<td>$22,501-$37,450</td>
<td>$37,451-$59,950</td>
</tr>
<tr>
<td>2</td>
<td>$0-$25,700</td>
<td>$25,701-$42,800</td>
<td>$42,801-$68,500</td>
</tr>
<tr>
<td>3</td>
<td>$0-$28,900</td>
<td>$28,901-$48,150</td>
<td>$48,151-$77,050</td>
</tr>
<tr>
<td>4</td>
<td>$0-$32,100</td>
<td>$32,101-$53,500</td>
<td>$53,501-$85,600</td>
</tr>
<tr>
<td>5</td>
<td>$0-$34,700</td>
<td>$34,701-$57,800</td>
<td>$57,801-$92,450</td>
</tr>
<tr>
<td>6</td>
<td>$0-$37,250</td>
<td>$37,251-$62,100</td>
<td>$62,101-$99,300</td>
</tr>
<tr>
<td>8</td>
<td>$0-$42,400</td>
<td>$43,431-$70,650</td>
<td>$70,651-$113,000</td>
</tr>
</tbody>
</table>

***Income limits are set by HUD and are subject to change; this chart is effective as of 6/28/19

*I hereby certify that the above information is complete and accurate to the best of my knowledge. The income estimate includes income for all household members. I agree to submit additional support documentation if requested by Kitchens for Good. Falsification of information may result in adverse actions against me including recapture of any benefits resulting from the false information submitted.

_____ By checking here, I hereby declare that I am homeless residing predominately within the City of San Diego
_____ By checking here, I hereby certify that I do not have income to report.

*Applicant’s Signature: ____________________________________________  *Date: __________________
**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**

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

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**What Interests You About Working in the Culinary Industry**

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**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 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 Apprentice’s 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.
- [ ] I Certify That Everything Provided in This Application is True and Correct to the Best of My Knowledge.

*Signature _________________________________ *Date __________________________