



2799 Health Center Drive
 San Diego, CA 92123
 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 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 class start dates can be found on the current flyer or on the organization website: <https://kitchensforgood.org/applicants/>** Please note that all classes are Monday through Friday 8:00am- 4:30pm - **attendance is mandatory.**

Select one program (refer to class schedule on last page and indicate class number you are applying for on appropriate line below):

- _____ Culinary (CA)
- _____ Baking (BA)
- _____ Food Service Management (FSM)

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 2-hour trial shift in our kitchen (**Culinary and Baking candidates only**). During the trial kitchen shift, candidates will be evaluated on punctuality, ability to follow instructions, ability to focus, teamwork, and attitude. Program applicants who successfully complete the kitchen trial will be asked to complete 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 2799 Health Center Drive, San Diego, CA 92123. **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 submit a Project Launch Culinary Apprenticeship Program Agency Referral Form, or have one submitted on your behalf. This referral can be from a case manager or social services provider, probation officer or parole agent, counselor or psychiatrist, or other professional familiar with your history that can provide feedback and speak to your ability to successfully complete this apprentice program. Your referral can review 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 8:00am 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 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 Challenges

Signature _____

Date _____

GENERAL INFORMATION

*Name (Print) _____

*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

*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
Word of Mouth (Family, Friends, Etc.)	Radio	Television	

*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 _____

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, however some offenses may delay or prohibit acceptance. If applicable, please provide details of offenses that may be found during your background check.

*What is Your Legal History Felony Incarceration Misdemeanor None

*Are You Currently On: Parole Probation Work Release None

*Are You Required to register as a sex offender?: Yes No

*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

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

If yes, what Treatment Facility and When? _____

***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 _____

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)

HOUSEHOLD SIZE	EXTREMELY LOW-INCOME LIMITS (0-30% OF MEDIAN)	VERY LOW-INCOME LIMITS (31-50% OF MEDIAN)	LOW/MODERATE-INCOME LIMITS (51-80% OF MEDIAN)
1	\$0-\$22,500 <input type="checkbox"/>	\$22,501-\$37,450 <input type="checkbox"/>	\$37,451-\$59,950 <input type="checkbox"/>
2	\$0-\$25,700 <input type="checkbox"/>	\$25,701-\$42,800 <input type="checkbox"/>	\$42,801-\$68,500 <input type="checkbox"/>
3	\$0-\$28,900 <input type="checkbox"/>	\$28,901-\$48,150 <input type="checkbox"/>	\$48,151-\$77,050 <input type="checkbox"/>
4	\$0-\$32,100 <input type="checkbox"/>	\$32,101-\$53,500 <input type="checkbox"/>	\$53,501-\$85,600 <input type="checkbox"/>
5	\$0-\$34,700 <input type="checkbox"/>	\$34,701-\$57,800 <input type="checkbox"/>	\$57,801-\$92,450 <input type="checkbox"/>
6	\$0-\$37,250 <input type="checkbox"/>	\$37,251-\$62,100 <input type="checkbox"/>	\$62,101-\$99,300 <input type="checkbox"/>
7	\$0-\$39,850 <input type="checkbox"/>	\$39,851-\$66,350 <input type="checkbox"/>	\$66,351-\$106,150 <input type="checkbox"/>
8	\$0-\$42,400 <input type="checkbox"/>	\$43,431-\$70,650 <input type="checkbox"/>	\$70,651-\$113,000 <input type="checkbox"/>

***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 Skills Do You Bring to the Program

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 (8:00am- 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.
- I Certify That Everything Provided in This Application is True and Correct to the Best of My Knowledge.

*Signature _____ *Date _____

*"Funding provided by United State Department of Agriculture (USDA). USDA is an Equal Opportunity Provider, Employer, Lender."
"Fondos provistos por el Departamento de Agricultura de los Estados Unidos (USDA). El USDA es un proveedor, empleador y prestamista que ofrece igualdad de oportunidades."*

2021 Class Schedule

Class Number	Start Date	End Date
CA22; BA2; FSM2	1/7/2021	4/2/2021
CA23; BA3; FSM3	4/27/2021	7/16/2021
CA24; BA4; FSM4	7/27/2021	10/15/2021
CA25; BA5; FSM5	10/24/2021	1/4/2022