

ICARE: Pine Manor Kitchen Training Program Application

GENERAL INFORMATION

Full Legal Name:

Last Name	First Name	Middle Name
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Date of Birth: ____/____/____ Age: ____ Gender: ____ Marital Status: ____

Current Address: _____ ZIP CODE: _____

Mailing Address (if different): _____

Telephone: Home: _____ Cell: _____ Alternate: _____

Email address: _____

Race/Ethnicity* _____ * Optional

Is English your first language? Yes ___ No ___

Do you have a valid driver's license? Yes ___ No ___

If **no**, are you eligible to apply for one? Yes ___ No ___

Have you ever served in the armed forces? Yes ___ No ___

A. Referral

How did you hear about this Culinary Training Program?

Have you received any services from Goodwill before? Yes ___ No ___ If **yes**, when? _____

B. Disability Status

Do you have a disability that substantially limits your employment activities? Yes ___ No ___
(Examples: Mental Illness, Physical Disability, Substance Abuse, Developmental or Learning Disability)

What is your disability? _____

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Have you applied for SSI or SSDI? Yes ___ No ___

C. Housing

What is your current living situation?

- ___ Own/rent your own apt/ house
- ___ Shelter: _____
- ___ Transitional housing (specify): _____
- ___ Residential treatment program (specify): _____
- ___ Permanent subsidized housing: _____
- ___ Relative's home, Which relative: _____
- ___ Friend / Other, Explain: _____

Do you have a secure place to live for the next 6 months? Yes ___ No ___

D. Family/Children

Current Living Arrangements:

Please list the person(s) with whom you are currently living in the table below (include children whom you share custody of):

Names	Relationship	Age

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 a disabled relative)

If **yes**, please explain:

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E. Income

Do you have any of the following sources of income or a pending application? Please complete the chart below:

	Check if you are receiving:	Amount:	Duration & reason/explanation
SSI/SSDI			
Social Security			
Veterans Benefits			
Food Stamps			
TANF			
Child Support			
Wages			
Self-employment			
Unemployment			
Other income			

Do you have absolutely **NO** Financial Resources at the moment? Yes _____

PERSONAL HISTORY

A. Educational History

Please list your highest level of education:

_____ Less than High School _____ High School/GED
 _____ Vocational Training Please list type of training: _____

Please list any credentials you have acquired: _____

_____ Some College _____ Associates of Arts/Sciences
 _____ Bachelor's _____ Other (specify)

B. Legal History

Do you have any warrants, upcoming court dates or legal problems? Yes ____ No ____

If **yes**, please explain:

Have you ever been convicted of a misdemeanor or felony? Yes ____ No ____ If **yes**, please explain:

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Are you on probation, parole or work release? Yes ___ No ___ If **yes**, please explain:

C. Health History

Do you have health insurance? Yes _____ No _____ WHAT KIND: _____
(Medicaid, Medicare, Private)

Have you ever been diagnosed with any of the following?

- ___ Asthma/Allergies:
- ___ Diabetes
- ___ Digestive Disorder
- ___ Epilepsy/Seizures
- ___ Heart Disease
- ___ High Blood Pressure
- ___ Immune System Problems
- ___ Recurring Headaches
- ___ Vision Impairment
- ___ Other, please explain: _____

Do you currently see a physician for any of the above concerns? Yes ___ No _____

Please list **ALL** medications you are currently taking & the reasons for taking them :

Have you experienced drowsiness/side effects from taking any of these medications?

Yes ___ No ___ Are you currently experiencing these? Yes _____ No _____

List any allergies or issues that you have working with specific types of food:

D. Employment History

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Please list your work experience starting with the last job you held.

<u>Name of Employer:</u>	<u>Supervisor's Name:</u>	<u>Employment dates:</u>	<u>Pay or salary:</u>
City, State, Zip:		From:	Start:
Phone No:		To:	Final:
Your last job title:			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used and learned, advancements or promotions while you worked at this company			

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Phone No:		To:	Final:
Your last job title:			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used and learned, advancements or promotions while you worked at this company			

Give **details** of any food service experience you have had, including commercial food service experience, fast food, odd jobs, etc. that are not listed above:

Do you have a current resume? Yes _____ No _____

Are you comfortable completing a job application on-line? Yes _____ No _____

Would you like some assistance sharpening your interview skills? _____ Yes _____ No

What was your favorite part of your last job and **WHY**?

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Give an example of a stressful situation you have been in. How did you handle it?

What is your strategy to calm down if you get into an argument with a coworker?

What is your support network? How do they help you in your day to day life?

F. STRENGTHS ASSESSMENT

What do you see as your 2 best personal strengths?

What have been the main challenges in your life recently **and how have you dealt with them?**

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G. GOALS/EXPECTATIONS

Why are you applying to this training program?

What are your career goals?

Why should you be selected for this program?

Applicant's signature: _____ Date: ____ / ____ / ____