

Pathlight Kitchen Culinary Program



Application

GENERAL INFORMATION

Full Legal Name: _____

Date: _____

Last Name First Name Middle Name

Other names(s) if any: _____ Last 4 digits SS #: _____

Date of Birth: ____/____/____ Gender: _____ Marital Status: _____

Current Address: _____

Mailing Address (if different): _____

Telephone: Home: _____ Cell: _____ Work: _____

Do you have a valid identification card or driver's license? Yes ____ No ____

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

REFERRAL

Who referred you to Pathlight Kitchen? Yes ____ No ____

Name _____ Phone: _____

Relationship _____ (for example, case manager, sponsor, friend)

Agency _____

Have previously participated in the PATHLIGHT KITCHEN CLULINARY PROGRAM? Yes ____ No ____

If yes, when? _____

EDUCATIONAL HISTORY

Please list the schools attended:

High School	Diploma/GED	Dates
Vocation	Certificate	Dates
College	Degree/Major	Dates

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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? Yes ____ No ____

What was the charge/s? What is the date of last charge/s?

Were you incarcerated? Yes ____ No ____ How much time did you serve? ____

Have you ever been convicted of a felony? Yes ____ No ____

What was the charge/s? What is the date of last charge/s?

Were you incarcerated? Yes ____ No ____ How much time did you serve? ____

Are you on probation, parole or work release? Yes ____ No ____

If yes, which ? ____

☐ How long? ____

☐ Contact name: ____

Telephone -----

ADDITIONAL INFORMATION

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EMPLOYMENT HISTORY

Please list your work experience in the following charts. Start with the last job you held. If you were self-employed, give firm name.

Name of Employer	Supervisor's Name	Employment Dates	Hourly/Salary Wage
City	State	Zip	Phone
Job Title	Reason for Leaving		
List the duties while employed with this company			

Name of Employer	Supervisor's Name	Employment Dates	Hourly/Salary Wage
City	State	Zip	Phone
Job Title	Reason for Leaving		
List the duties while employed with this company			
Name of Employer	Supervisor's Name	Employment Dates	Hourly/Salary Wage

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City	State	Zip	Phone
Job Title	Reason for Leaving		
List the duties while employed with this company			

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-STRENGTHS ASSESSMENT

What do you see as your personal strengths? What skills will you bring to the training program?

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

GOALS/EXPECTATIONS

Do you have any experience in the Culinary field?

Why are you applying to this training program?

What are your career goals?

Is there any reason that you may not be able to finish this course or miss days? Please Explain.

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PROGRAM REQUIREMENTS

Listed below are some of the Training 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 school day. _____
- ☐ I understand that I must be willing to accept instruction from my instructors and supervisors and complete the work that is assigned to me with a positive attitude. _____
- ☐ I understand that I must have a willingness to confront my personal challenges and/or barriers. _____
- ☐ I understand that I will be provided with a locker and a combination lock for my use while I am enrolled in the training program. _____
- ☐ I understand that PATHLIGHT KITCHEN is not responsible for damage, loss or theft of my personal property. _____
- ☐ I understand that I am a student in a planned program of job training and work experience and that I am not entitled to a job at the completion of the training. _____
- ☐ I understand that I am a student during the time that I am in this program and that I am not entitled to wages or other compensation for the time spent in this program. _____
- ☐ I certify that the information provided on this application is accurate.
- ☐ I understand that withholding of information or giving false information will result in a refusal or dismissal in the program.
- ☐ In consideration of enrollment, I agree to conform to policies of Pathlight Kitchen.

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 the Pathlight Kitchen Culinary Program permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release Pathlight Kitchen Culinary Program from any liability as a result of such contract.

Applicant / Student Signature

Date: _____ / _____ / _____

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RELEASE OF INFORMATION

Date: _____

Applicant/Student Name: _____

Last 4 digits SS#: _____

I (Applicant/Student), _____, do hereby authorize the Pathlight Kitchen Culinary Program Staff to release any and all information about my case, including but not limited to, records of my communications, my attendance and behavior in the Culinary Job Training Program, and information provided in Personal Life Contract Sessions with staff to: (agency, case mgr, parole or probation officer) _____.

I (Applicant/Student name), _____, do hereby authorize (agency, case mgr, parole or probation officer) _____ to release any and all information about professional services I have received from (agency, case mgr, parole or probation officer) since (date of service/relationship) _____, including but not limited to, records of appointments, diagnostic information, course of treatment to Pathlight Kitchen Culinary Program for the purpose of _____.

This release of information shall expire in one year of date of signature on this form, unless revoked by me in writing at an earlier date. I understand that I have the right to inspect the records described herein. In addition, I hereby release (agency, case mgr, parole or probation officer), _____ its officers, directors, and employees from any claims arising out of the release of the information described herein.

This release of information shall expire on one year of the date of signature on this form, unless revoked by me in writing at an earlier date. In addition, I hereby release the Pathlight Kitchen Culinary Program and its officers, directors, employees, volunteers, from any claims arising out of the release of the information, photos, news releases, films or videos, described herein.

This release of information shall expire in one year of the date of signature on this form, unless revoked by me in writing at an earlier date. I understand that I have the right to inspect the records described herein. In addition, I hereby release (agency, case mgr, parole or probation officer), _____ its officers, directors, and employees from any claims arising out of the release of the information described herein.

Applicant / Student Signature:

Date: ____ / ____ / ____