

**Preferred Name:** \_\_\_\_\_

**Info Session Date:** \_\_\_\_\_



**Culinary Job Training Program Qualifications. All Requirements Are Typical For Food Service Jobs:**

1. Be at least 18 years of age.
2. Must want to find employment.
3. Be able to work without a mobility device for 7+ hours and can lift up to 50 pounds.
4. Desire to learn and improve on the skills needed to work in a food service environment.
5. Arrive on time for training, which is from 7:50 a.m. to 3:30 p.m., Monday through Friday.
6. Be willing to have your legal history checked so that you and your Employment Specialist can discuss how it may effect your job search and employment.
  - a. **Note:** The presence of certain conviction(s) may determine your training location.

## GENERAL INFORMATION

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Preferred Pronoun (*check one*): She  He  They  Ze

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street City State Zip

Telephone: Cell# \_\_\_\_\_ Message # \_\_\_\_\_

Preferred Contact: Cell#  **OR** Message #  E-mail: \_\_\_\_\_

(Optional): Veteran: **Yes**  **No**

Do you have a Driver's License or State ID? **Yes**  **No**

Do you have a Social Security card? **Yes**  **No**

Are you able to work in the United States? **Yes**  **No**

## REFERRAL INFORMATION

Do you currently have a friend/relative in the Work Options training program? **Yes**  **No**

Have you participated in the Work Options training program before? **Yes**  **No**

## HOUSING

Do you currently have a safe place to live? **Yes**  **No**

How many days can you stay at current location (*check one*)?

30 days or less  30-60 days  60-90 days  90+ days

Behind on rent/mortgage? **Yes**  **No**  **If yes, how much?** \_\_\_\_\_

## FAMILY/CHILDREN

Marital Status: Single  Divorced  Married  Civil Union  Widowed  Other

Currently providing care or shelter for any person over 18 who is unable to care for themselves? **Yes**  **No**

**If yes:**

Elderly

Person with disability

Temporary ill person

Currently providing care or shelter for any children under the age of 5? **Yes**  **No**

Childcare in place for all children, including 5+ years of age, in your care? **Yes**  **No**



**When are you available to start?**

ASAP  1 week  2 weeks  3 weeks  1 month

**The Work Options training program requires that I can now and will be able to do all of these things safely for the duration of the training program. Please initial after reading:**

\_\_\_\_\_ I am able to repeatedly lift up to 50 lbs.

\_\_\_\_\_ I am able to stand on my feet for 7 hours a day.

\_\_\_\_\_ I am able to move around and work with my hands in a fast paced environment that has hot and sharp items.

\_\_\_\_\_ I will engage in tasks that require a full range of motion, including, but not limited to, twisting, turning and reaching.

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**Signature**

**Date**



# FOR STAFF USE ONLY

Possible Enrollment Date: \_\_\_\_\_

<b>Reasons, motivation, interest in Work Options</b>	Notes _____
<b>Challenges that may impede training completion and employment</b>	Employment Eligibility    Housing    Transportation    Care Giving Safety    Education    Collateral Consequences    Health    Other: _____ Notes _____
<b>Follow Up Items</b>	Employment Eligibility    Housing    Transportation    Caregiving Safety    Education    Collateral Consequences    Health    Other: _____ Notes: _____