

Preferred Name: _____

Info Session Date: _____



Culinary Job Training Program Qualifications:

(All qualifications are required for typical 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. Be able to 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 impact your job search and employment
 - a. **Note:** Certain conviction(s) may determine your training location

On your first day of training, please give the following documents to your Employment Specialist (if you have them):

- A government-issued picture identification: driver's license, state ID, DOC ID or passport
- Copy of your legal work eligibility, such as a social security card, work permit, etc.

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 Email: _____

(Optional): Veteran: **Yes** **No** Race/Ethnicity: _____

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

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

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

Emergency Contacts:

1. Name: _____ Relationship: _____

Address: _____ Phone Number: _____

2. Name: _____ Relationship: _____

Address: _____ Phone Number: _____

Notes: _____

Referral Information:

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

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

How did you hear about the Work Options program? (*check one*)

Pamphlet/ Flyer Tabling / Job Fair Word of Mouth (family or friend)

Website Denver TANF Other TANF County*

Parole/Probation* Employment First Other Agency*

RTD (Bus/Train) Social Media
Advertisement Name of Agency *: _____

HOUSING

Current Living Situation (*check one*):

- Shelter/Street/Inconsistent/Experiencing Homelessness
 Staying with a friend or relative
 Transitional Housing (Specify: _____)
 Halfway House (Specify: _____)
 Residential Treatment Program (Specify: _____)
 Rent (Specify Monthly Rent: _____)
 Own (Specify Monthly Rent: _____)

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?** _____

TRANSPORTATION

Current method of reliable transportation:

Bus Car Bike Walk Friend or Family member

Are you currently receiving transportation assistance? **Yes** **No**

If yes, Agency Name: _____

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

List ages of children: _____ Single parent? **Yes** **No**

Currently providing care or shelter for any children under the age of 6? **Yes** **No**

Childcare in place for all children, including 6+ years of age, in your care? **Yes** **No**

Enrolled in CCAP (childcare assistance): **Yes** **No**

SAFETY

Is there anyone or anything in your life that makes you feel unsafe? **Yes** **No**

Have you ever been in a relationship where you were physically, mentally, or emotionally abused? **Yes** **No**

Do you have a restraining order against anyone? **Yes** **No**

If yes, what is their name? _____

INCOME

Please complete the chart.

	YES	NO	MONTHLY AMOUNT
SNAP (Food Stamps)			
TANF			
SSI/SSDI			
Child Support			
Unemployment			
Other Income			

* **Have you ever received any state benefits? Ex. TANF, SNAP, etc.** **Yes** **No**

HIGHEST EDUCATION COMPLETED

- Less than High School Diploma** **High School Diploma** **GED** **Trade School**
 Some College **Bachelor's Degree** **Graduate Degree**

LEGAL HISTORY

- Have you or a family member ever been the victim of a crime? **Yes** **No**
Have you ever been convicted of a crime? **Yes** **No**
Are you required to register for a sex offense? **Yes** **No**
Do you have any upcoming court dates or unresolved legal matters? **Yes** **No**

If yes, please explain:

If you are currently on community supervision (probation, parole, work release), complete:

- ❖ Time remaining: _____
- ❖ Case Manager or PO: _____
- ❖ Phone : _____
- ❖ Email: _____

What are your current requirements? Please list: (*classes, community service, restitution, fines*)

HEALTH HISTORY

Please answer the following questions regarding your ability to complete these tasks in the food service environment.

If you have any allergies, please list: _____

If yes, do you have an Epipen? **Yes** **No**

Have you been treated for a back problem or back related injury in the last 2 years? **Yes** **No**

Do you have any surgeries or procedures scheduled? **Yes** **No**

If "yes," when are they scheduled? _____



CONSENT TO RELEASE/EXCHANGE INFORMATION

I authorize Work Options and Denver Workforce Services (DWS) to collect/release/exchange any information I share with them regarding the following topics as they relate to the assessment process, enrollment into the Work Options Culinary Training program and Denver Workforce Program, program completion, and the ongoing support needed to reach my career and educational goals:

- Child Welfare
- Public Assistance
- Denver Workforce Services
- Wage Information
- Employment/Payroll/Unemployment
- Criminal Justice
- Vocational Rehabilitation
- Medical and/or Mental Health Records
- Career Plans Education and Training Records
- Residency/Housing Status
- Individual/Family Income
- Career Plans and Activities
- Substance Abuse Treatment
- Other Government Assistance
- Other: _____

AGENCY/PROVIDER NAME	PHONE	EMAIL

ACKNOWLEDGEMENT

I acknowledge this release will remain valid for one (1) year after the earlier of: 1) completion of services; or 2) the termination of my involvement with Work Options and DWS. I have the right to deny/revoke the collection/release/exchange of my information with any entity at any time through written communication with Work Options and DWS; any such revocation shall not affect disclosures previously made by Work Options and DWS. I understand that any information collected/released/exchanged will be kept confidential in conformance with applicable law and will be used for the purposes noted above. I may request to inspect and/or copy the information at any time through written communication with Work Options and DWS.

This authorization for information sharing has been explained to me. I have read it (or it was read to me) and I understand its provisions. I have been given a reasonable amount of time to ask questions and consider whether to permit the sharing of information. I hereby willingly agree to share information as described above.

Program Applicant
Date of Birth
Signature
Date

I hereby revoke my authorization and consent for release of information to the parties listed on this form:

Signature
Date

FOR STAFF USE ONLY

Possible Enrollment Date: _____

Reasons, motivation, interest in Work Options	
Challenges that may impeded training completion and employment	Employment Housing Transportation Safety Collateral Consequences Health Care Giving Other:
Follow up items	Employment Housing Transportation Safety Collateral Consequences Health Care Giving Other: