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Relationship to you	Phone	Email
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### **EMPLOYMENT HISTORY**

\*Please provide complete information on your last three jobs, starting with the most recent. Note: Food experience is not a requirement for admission to the Gap Kitchen Culinary Program.

(1)

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Employer (Company Name)	Job Title
Name of Supervisor	Supervisor's Phone Number
Duties/Responsibilities	
Start Date	End Date
Reason for leaving	

(2)

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Employer (Company Name)	Job Title
Name of Supervisor	Supervisor's Phone Number
Duties/Responsibilities	
Start Date	End Date
Reason for leaving	

(3)

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Employer (Company Name)	Job Title
Name of Supervisor	Supervisor's Phone Number

**Duties/Responsibilities****Start Date****End Date**

Reason for leaving

**EDUCATION**

Last Grade Completed (#) \_\_\_\_\_

Highest Level of Educational Achievement (Circle One)

High School Graduate

Studying for GED

GED

Complete College Graduate

None of the Above

Other Special Trainings or

Certifications \_\_\_\_\_

Do you have any prior food experience (e.g. employment, volunteer) or education?

(Circle One)

Yes

No

If yes, please describe:

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**ADDITIONAL INFORMATION**

Have you applied to or been enrolled in this program before? (Circle One)

Yes

No

How did you hear about the Gap Kitchen Culinary Program?

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**REFERENCES**

*\*Please list two references who are not relatives or previous supervisors. These should be individuals who have known you well for 1 year or more.*

(1)

Name

Relationship to you

Phone Number

How long have you known them?

(2)

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<b>Name</b>	<b>Relationship to you</b>
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<b>Phone Number</b>	<b>How long have you known them?</b>
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**BACKGROUND INFORMATION**Are you a Veteran? (Circle One)    **Yes**    **No**Have you ever been convicted of a felony? (Circle One)    **Yes**    **No**If Yes, Please explain \_\_\_\_\_  
\_\_\_\_\_Do you have a parole or probation officer? (Circle One)    **Yes**    **No**

If Yes, Please provide:

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<b>Parole Officer Name</b>	<b>Phone Number</b>
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**HOUSEHOLD, TRANSPORTATION AND LIVING SITUATION**

Please indicate the ethnicity with which you identify (Circle One)

Caucasian or White                      African American or Black                      Hispanic or Latino

Asian                      American Indian or Native American                      Other

Prefer not to answer

Is English your first language?

Do you have a secure place to live for the next three months while in the program?

(Circle One)    **Yes**    **No**If No, What is your plan to secure housing during the program?  
\_\_\_\_\_  
\_\_\_\_\_Are you the head of your household? (Circle One)    **Yes**    **No**

Number of People in Household \_\_\_\_\_

How many children do you have? \_\_\_\_\_

What are the ages of the children? \_\_\_\_\_

If selected for the Culinary Training Program, will you be able to accommodate stable childcare during the 10 week program? (Circle One)    **Yes**    **No**



Do you have any regular ongoing appointments?  
(e.g. Doctor, Probation Officer, Parole Officer, Counseling, Therapy, Classes) (Circle One)    Yes    No

If Yes, Please  
explain \_\_\_\_\_

Do you have any medical conditions that make certain work or physical activities difficult for you?  
(Circle One)    Yes    No

If Yes, Please  
explain \_\_\_\_\_

Do you suffer from or have you previously been diagnosed with depression, anxiety, or any behavioral or mental conditions? (Circle One)    Yes    No

Do you take any medications that may cause you to experience side effects, such as drowsiness, impaired motor skills, or impaired judgment? (Circle One)    Yes    No

Do you have a food borne illness that prevents you from working with food (e.g. Hepatitis A)?  
(Circle One)    Yes    No

Do you have any food restrictions or allergies? If yes, please describe.

Are you currently or have ever been involved in any type of drug or alcohol rehabilitation?  
(Circle One)    Yes    No

If Yes, Which program? \_\_\_\_\_

### **TRAINING REQUIREMENTS**

*Listed below are some program requirements. Please review and initial that you agree to these requirements.*

\_\_\_\_\_ I understand that daily attendance is from 8:30 A.M. to 4:30 P.M. and is required.

\_\_\_\_\_ I understand that I must be on time and prepared to stay the entire day.

\_\_\_\_\_ I understand that I must be willing to accept instruction from my instructors and complete the tasks that are assigned to me with a positive attitude

\_\_\_\_\_ I understand that I must be clean and sober for at least 90 days.

\_\_\_\_\_ I understand that GAP Ministries is not responsible for damage, loss, or theft of my personal property.

\_\_\_\_\_ I understand that I must maintain personal hygiene and that my attire will be clean and without visible signs of wear or stains.

### **ELIGIBILITY REQUIREMENTS**

Do you have a legal right to be employed in the US? (Circle One)    Yes    No

All instruction and communication for this program is conducted in English. If selected, are you able to read, write and communicate in English proficiently? (Circle One)    Yes    No

Kitchen duties include but are not limited to:

