



CULINARY TRAINING ACADEMY APPLICATION

Admissions Criteria

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All applicants must meet the following criteria:

- Minimum 18 years of age.
- Authorized to work in the US.
- Have experienced financial hardship (unemployment, underemployment, government assistance, etc.) during the last 12 months.
- Must not possess a criminal history involving arson, sexual battery or violent crimes. All other criminal activity records must be at least three years prior to application date and will then be considered on a case-by-case basis.
- Must agree to disclose and provide criminal history records.
- Must agree to a background check and drug test.
- Must be drug and alcohol-free for at least one year prior to application date and enrolled in a rehabilitation support program.
- High School Diploma or G.E.D. preferred, or the ability to meet minimum aptitude requirements based on curriculum needs.
- Demonstrate an enthusiasm for and willingness to commit to the Academy and distribution.
- Must have the physical ability to perform required duties as assigned, including standing for long periods of time, lifting (which may include up to 50 lbs.), bending and, on occasion, working in rooms with cool temperatures (below 40° F).
- Must be able to attend classes Monday - Friday; 8:30am to 2:30pm for 12 consecutive weeks.

Applicants must submit the following in order to be considered for the Academy.

1. Completed and signed application;
2. Copy of diploma, GED certificate, or official transcripts from the highest level of education completed;
3. Copy of a valid Florida driver's license, state of Florida or government-issued photo ID

We encourage you to apply early as spots fill up quickly!

**Class dates are subject to change*

Once your application is received, we will:

1. Review your application;
2. Accept, wait-list, hold, or decline your application and notify you within 14 days of receipt.

Accept: If your application is accepted, you will be notified by phone and in writing regarding your enrollment date, orientation information, and next steps.

Wait List: If your application is wait-listed, your application has been accepted, however the program enrollment is full and you will be notified of the next available opening and/or approximate date of enrollment.

Hold: Incomplete applications will be placed on hold and applicants notified in writing, by phone or email, based on the applicant's preferred method of contact. Incomplete applications will be held for 30 days, after which the applicant must submit a new application.

Decline: An application may be declined for a number of reasons. Declined applicants will be notified in writing.

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PERSONAL INFORMATION

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Office use only
Date Received

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First Name:		Last Name:	
Permanent Address:	City:	State:	Zip Code:
Mailing Address (if different than above):	City:	State:	Zip Code:
Home Phone:	Cell Phone:		

E-mail Address:

Date of Birth (Month/Day/Year):	Social Security Number:	<input type="checkbox"/> Male <input type="checkbox"/> Female
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Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please provide authorization number: <input type="checkbox"/> Yes <input type="checkbox"/> No	Is English your first language? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you been convicted of a criminal offense? (Please circle one: Felony or Misdemeanor)

If yes, please explain number of convictions, nature of offenses leading to convictions, how recently such offenses were committed, sentences and types of rehabilitation.

Do you have a valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/>	State Issued:	Driver's License Number:
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What are your means of transportation to the program?

Are you able to comfortably stand for long periods of time? Yes No

Are you able to lift up to 50 pounds? Yes No

Have you applied for our program before?	If yes, when?
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Have you ever worked for or volunteered with Treasure Coast Food Bank? Yes No If yes, please describe your role:

Please indicate your preferred 2021 enrollment session: <input type="checkbox"/> May 17 - TBD <input type="checkbox"/> September 20 - TBD	Please identify any assistance you may need while enrolled: <input type="checkbox"/> Housing <input type="checkbox"/> Smoking Cessation <input type="checkbox"/> Other <input type="checkbox"/> Child Care <input type="checkbox"/> SNAP <input type="checkbox"/> Health Care <input type="checkbox"/> Transportation
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EDUCATION AND WORK HISTORY

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High School:	City, State:	Highest Level Completed:	Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
College:	City, State:	Highest Level Completed:	Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Course of Study:	Degree:		
Vocational/Trade School:	City, State:	Highest Level Completed:	Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Course of Study:	Degree:		
Other Training:	City, State:	Highest Level Completed:	Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Course of Study:	Degree:		

Please list three employers, starting with the most recent:

Name of Employer:	City, State:	Start Date:	End Date:
Position Held:	Name of	May We Contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone:
Duties/Responsibilities:		Reason for Leaving:	
Name of Employer:	City, State:	Start Date:	End Date:
Position Held:	Name of Supervisor:	May We Contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone:
Duties/Responsibilities:		Reason for Leaving:	
Name of Employer:	City, State:	Start Date:	End Date:
Position Held:	Name of Supervisor:	May We Contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone:
Duties/Responsibilities:		Reason for Leaving:	

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GETTING TO KNOW YOU: PAST, PRESENT AND FUTURE

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The Culinary Training Academy is all about making positive changes in your life, conquering fears, and overcoming the challenges and obstacles that may have kept you from pursuing your personal and professional dreams. We want to learn more about you so we can help you reach your goals. In the spaces below, tell us about where you've been, where you are now, and where you want to be.

WHERE YOU'VE BEEN — THE PAST:

First, please describe in detail the challenges you've faced in the past that may have kept you from obtaining or keeping a job, completing your education, or have held you back in other ways (i.e. poverty, substance abuse, criminal history, illness, disability, lack of experience or skills, etc.) Please attach another sheet of paper if necessary:

WHERE ARE YOU NOW — THE PRESENT:

How would your friends describe you?

Tell us about your living situation and family.

What daily challenges are you facing that may be keeping you from reaching your goals?

Describe your favorite food or favorite meal. Why is it your favorite?

What other interests do you have? Check all that apply:

- | | | | | | | |
|---|---|---------------------------------------|--------------------------------------|---|---------------------------------|---------------------------------|
| <input type="checkbox"/> Music | <input type="checkbox"/> Crafts | <input type="checkbox"/> Volunteering | <input type="checkbox"/> Computers | <input type="checkbox"/> Writing | <input type="checkbox"/> Movies | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Outdoor Activities | <input type="checkbox"/> Cooking/Baking | <input type="checkbox"/> Reading | <input type="checkbox"/> Photography | <input type="checkbox"/> Drawing/Painting | <input type="checkbox"/> Sports | |

Why are you applying to TCFB's Culinary Training Academy?

What do you think you will enjoy about working in the food service industry?

Is there any additional information you'd like to include about yourself?

I certify that all answers and statements on this application are true and complete to the best of my knowledge, and that I meet the application criteria. I understand that, should this application contain any false or misleading information, my application may be rejected or my participation in this program immediately denied.

APPLICANT SIGNATURE

DATE

TREASURE COAST FOOD BANK SIGNATURE

DATE

APPLICANT PRINTED NAME

TREASURE COAST FOOD BANK PRINTED NAME