



Culinary Job Training Program
1760 SE Salerno Road, Stuart, FL 34997
A CULINARY PATHWAYS LLC, PROGRAM

APPLICATION: CULINARY JOB TRAINING PROGRAM

Welcome to the LAHIA Culinary Job Training Program. Before completing this application to become a Potential student, we would like to let you know that our facility is a productive learning environment. We maintain the highest levels of quality, service, and attention for all. We believe in honesty and integrity. We request that everyone presents themselves in an orderly and professional manner at all times.

We consider all applications for candidates, without regard to race, color, religion, sex, national origin, age, disability, marital status, veteran status, or any other legally protected class in the state of Florida.

GENERAL INFORMATION:

Date: _____

First: _____ Middle: _____ Last: _____

Date of Birth ___/___/___ Gender: _____ Race: _____ SSN ___-___-___

Email Address _____ Cell Phone _____ Home Phone _____

Street _____ Apartment _____

City _____ State _____ Zip Code _____

How far away do you live from LAHIA?

Type of transportation to get to LAHIA?

Preferred Contact Type: Text Email Phone

Emergency Contact: _____ Relative Friend Co-worker Other _____

Emergency Contact Phone _____

1. Are you legally entitled to work in the US? Yes No
 2. Are you a veteran? Yes No
 3. Do you have any foodservice experience? Yes No
- If yes, please describe:

Why are you interested in the LAHIA Culinary Job Training Program?

How did you hear about the LAHIA Culinary Pathway?

Social Media Referred Walk-in Relative LAHIA website Other _____



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EDUCATION:

Highest education level completed:

- Elementary/Middle School
- Some High School
- High School Diploma
- GED
- Some College
- College Graduate

HOUSING:

Do you have a stable place to live currently?

- Living with family/friends
- Program/shelter
- Street
- Transitional housing
- Permanent Subsidized Housing
- Other

Are you responsible for the care of any children or family members? Yes No

If yes, please describe:

LEGAL:

1. Do you have any pending court cases? If yes, next court date ____ / ____ / ____
2. Do you have any current warrants? Yes No
3. Have you ever been found guilty of a crime or misdemeanor? Yes No
If yes, please describe:

4. Are you currently on? Parole Probation Work release Home confinement N/A

SUBSTANCE ABUSE:

Have you ever used alcohol or drugs? Yes No

- | | | | |
|--|----------------------|------------------------------------|----------------------|
| <input type="checkbox"/> Alcohol | Length of use: _____ | <input type="checkbox"/> LSD | Length of use: _____ |
| <input type="checkbox"/> PCP | Length of use: _____ | <input type="checkbox"/> Mushrooms | Length of use: _____ |
| <input type="checkbox"/> Heroin | Length of use: _____ | <input type="checkbox"/> K2 | Length of use: _____ |
| <input type="checkbox"/> Marijuana | Length of use: _____ | <input type="checkbox"/> Meth | Length of use: _____ |
| <input type="checkbox"/> Crack/Cocaine | Length of use: _____ | <input type="checkbox"/> Other | Length of use: _____ |

1. If alcohol, last date of use: ____ / ____ / ____ If drugs, last date of use: ____ / ____ / ____
2. How often did you use alcohol and/or drugs? _____ How much? _____
3. Have you ever enrolled in a Substance Abuse Treatment program? Yes No
4. Do you have a history of alcohol or drug abuse, what is your clean date: ____ / ____ / ____



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HEALTH:

1. Please list all diagnosed medical conditions (high blood pressure, asthma, arthritis, diabetes, etc.)
2. Have you ever been diagnosed with a mental illness? Yes No
3. Have you ever been diagnosed with AIDS? Yes No
4. Have you ever been diagnosed with:
Hepatitis A Yes No Hepatitis B Yes No Hepatitis C Yes No
5. It's the student's responsibility to refrain from consuming the foods in class and to advise the Chef of foods they cannot consume or handle when we are using the products during the program.
6. Please list any other restrictions or information the Chef should be aware of that would relate to your performance or safety in a commercial kitchen. (an example would be lifting restrictions or any problems with exposure to cleaning chemicals or other materials used in a kitchen operation)
7. Please list food allergies or food restrictions:
8. Is there anything else we should know about you?

CANDIDATE AGREEMENT:

Authorizations & At-Will Applicant Agreement

Candidate:(please read carefully, then sign and date below)

I certify, that I, _____ have personally completed this application. I have read this application and understand all the information contained. I declare that the information provided in this application is true and complete.

I authorize the LAHIA Culinary Pathway to make an investigation of all information contained in this Application, and I release from liability all companies and corporations supplying such information.

I understand that if there is any false statements, answers, or implications made by me on this application or other required documents, shall be considered sufficient cause for denial of acceptance to the LAHIA Culinary Pathway Program.

I understand that this is an "At-Will Applicant Agreement," and agree that nothing contained in this application, or information conveyed during any interview is intended to create a program contract between the LAHIA Culinary Pathway and me.

Candidate Name (please print) _____ Date: ____ / ____ / ____

Signature: _____

E-mail: _____ Cell Phone _____ Home Phone: _____

Please return or mail this application to:

LAHIA Culinary Pathway
1760 SE Salerno Road, Stuart, FL 34997

Internal Use Only: Date Received: ____ / ____ / ____ TB Test: <input type="checkbox"/> Yes <input type="checkbox"/> No Police Clearance <input type="checkbox"/> Yes <input type="checkbox"/> No



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REFERENCES – 2nd Interview Material:

If you are contacted by a LAHIA Culinary Pathway Representative requesting the 2nd interview:

1. Please complete the information below
2. Bring this sheet with you to the 2nd interview
3. List as many references as possible

#1 Company Name: _____ May we contact the employer: Yes No

Street: _____ Suite: _____

City: _____ State: _____ Zip Code: _____

Company Phone Number: _____

Your Job Title: _____

Dates of Employment: ____ / ____ / ____ to ____ / ____ / ____

Supervisor's Name: _____ Title: _____ Phone Number: _____

Describe your duties and responsibilities:

#2 Company Name: _____ May we contact the employer: Yes No

Street: _____ Suite: _____

City: _____ State: _____ Zip Code: _____

Company Phone Number: _____

Your Job Title: _____

Dates of Employment: ____ / ____ / ____ to ____ / ____ / ____

Supervisor's Name: _____ Title: _____ Phone Number: _____

Describe your duties and responsibilities:

#3 Company Name: _____ May we contact the employer: Yes No

Street: _____ Suite: _____

City: _____ State: _____ Zip Code: _____

Company Phone Number: _____

Your Job Title: _____

Dates of Employment: ____ / ____ / ____ to ____ / ____ / ____

Supervisor's Name: _____ Title: _____ Phone Number: _____

Describe your duties and responsibilities: