

Social Enterprise Kitchen Culinary Job Training Program Application



459 22nd Street, Oakland, CA 94612 ~ Phone: 510.986-8901 ~ Fax: 510.986-8920

Session: _____
Date of Referral: _____
Referral Source: _____
Date of Interview: _____

M / F
Age _____

Name: _____ DOB: _____ SS#: _____

Current Address: _____ Phone#: _____

Emergency Contact: _____ Phone#: _____

Education

	Name	Dates	Completed Y or N? HS grad? Yes / No	Degree GED? Yes / No
High School				
Vocational or Trade School				
College				
Other Special Training				

Subjects that you excelled in and/or enjoyed: _____

Subjects that you disliked or had difficulties in: _____

Work History

Please provide information on your current or most recent jobs. (Note: Food service experience is not a requirement for admission to the program.)

Are you currently Employed? Yes _____ No _____

please provide information about current or most recent employment below

Employer (Company Name): _____ Phone: _____

Address: _____

Position: _____ Duties: _____

Supervisor's Name: _____

Dates of Employment: From: _____ To: _____

Is this a full or part time position: FT _____ PT _____

Reason for leaving: _____

Do you receive any other type of financial assistance: Yes ___ No ___

If yes, please explain: _____

Approximately how much money did you earn last year? _____

Have you ever been terminated from a job for any reason: Yes ___ No ___

If yes, please explain: _____

Considering your current job or last place of employment, answer the following questions:

What do / did you like best about work: _____

What do / did you like least about work: _____

Have you ever had a negative experience at work with a supervisor or co-worker: **Yes** ___ **No** ___

If yes: please explain _____

Outcome: _____

If no: How would you handle a negative experience at work with a supervisor or co-worker?

What skills do you possess with regards to your past and present employment: _____

Do you have ANY physical limitations with regard to working in a kitchen? YES ___ / NO ___

If yes: please describe any & all physical limitations you may have: _____

Are you allergic to latex? _____ (for example: latex food service gloves)

Do you have any food allergies?: _____ **If yes, to what?:** _____

What happens to you if you eat this food?: _____

I verify with my signature that to the best of my knowledge all of the information from pages 1 – 3 is correct and I authorize the BACS staff to confirm the information above (which may include contacting people mentioned in this application).

Signature _____

Date _____

Job Skills Questionnaire

1. What kinds of food do you most like working with? _____

2. Which of the equipment in the kitchen are you most comfortable with? _____

3. What kinds of kitchen skills do you feel that you are best at? _____

4. Are you more productive during the night or during the day? _____

5. What shifts are you willing to work? _____

6. Do you work better on your own or with a team? _____

7. Are you more comfortable working on one project at a time or many projects going on at once? _____
8. What are your goals after graduating from this training program? _____

9. What are your strengths? _____

10. What are your weaknesses? _____

11. What would be your ideal job? _____

For Office Use Only
