



# CULINARY ARTS TRAINING PROGRAM (CATP) Application Form

## Program Information

The Salvation Army Kroc Center Culinary Training Program is a ten-week course that combines hands-on food preparation experience with classroom training. Following completion of the course, graduates will be placed in restaurant kitchens, hotel kitchens, and sports venues.

## Personal Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (month/day/year)

### Current Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Mailing Address (if different):

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Contact:

Telephone (Cell): (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Case Manager Name (if applicable): \_\_\_\_\_

Phone #: \_\_\_\_\_

## Background Information

Please check the correct answer.

Are you legally able to work in the United States?

Do you have a reliable way to get to the program every day?

Please describe (car, T, walk):  
\_\_\_\_\_

Are you a veteran of the Armed Forces?

Dates of service:  
\_\_\_\_\_

Do you have a disability that substantially limits your employment activities?

Please describe:  
\_\_\_\_\_

### Background Information

Have you ever been convicted of a felony or misdemeanor?

No

Yes

➔ Year: \_\_\_\_\_

Charge: \_\_\_\_\_

Were you referred to the Kroc Culinary Training Program?

**NO** How did you hear about the program? (Friend, family, web, posters, etc.)

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Who referred you?

**YES** Name: \_\_\_\_\_ Agency: \_\_\_\_\_

Phone: \_\_\_\_\_

### Family Information

Are you a caregiver for children under the age of 18?

No

Yes

➔ Do you have childcare available?  No  Yes

Are you a caregiver for any other family member or person?

➔ Do you have alternate care available?  No  Yes

### Educational History

Please check the HIGHEST level of schooling that you attained:

Some high school, did not graduate

➔ School: \_\_\_\_\_

Years attended: \_\_\_\_\_

GED or High School Diploma

➔ School: \_\_\_\_\_

Years attended: \_\_\_\_\_

Attended college, did not graduate

➔ School: \_\_\_\_\_

Years attended: \_\_\_\_\_

Graduated college

➔ School: \_\_\_\_\_

Years attended: \_\_\_\_\_

### Employment History

Please indicate your current employment status:

Unemployed/ Stay-at-Home Parent

Student

School Name: \_\_\_\_\_

Employed

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Job/Position: \_\_\_\_\_

Provide the following information for your last three jobs. Start with your most recent job.

1) Company Name:

Address:

Job/Position:

Dates of Employment:

From:

To:

Manager:

Reason for leaving:

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2) Company Name:

Address:

Job/Position:

Dates of Employment:

From:

To:

Manager:

Reason for leaving:

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3) Company Name:

Address:

Job/Position:

Dates of Employment:

From:

To:

Manager:

Reason for leaving:

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**References:**

Please provide two references who are NOT relatives or managers listed above. These people should know you for at least 1 year.

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

**Health Information**

Do you have any medical or behavioral health concerns that the Kroc Center Culinary Program may need to know in the event of a medical or safety incident?

No

Yes

➔ Please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are you currently on any medication that Kroc Center Culinary Program may need to know in the event of a medical or safety incident?

➔ Please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you have any allergies working with specific types of food?

➔ Please list foods: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**GOALS/EXPECTATIONS**

Why are you applying to this training program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your career goals?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROGRAM REQUIREMENTS**

I certify that the information in this trainee application is true and correct. I understand that the misrepresentation or omission of facts called for is cause for disqualification/dismissal at any time without any previous notice.

I hereby give the Kroc Center Culinary Training Program permission to contact schools, previous employers, references, and others, and hereby release the Kroc Center Culinary Training Program from any liability as a result of such contract.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_