

*The Second Harvest Culinary Training Program is a 14-week continuing education program, provided by Second Harvest Food Bank of Central Florida at no charge to qualified applicants.*

### 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 Program and food service industry;
- Must have the physical ability to perform required kitchen 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 through Friday, 8 a.m. to 2:30 p.m. for 14 weeks.

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

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;

### Application Deadline:

Applications must be received by the deadline below:

#### SESSION DATES

Group 25: July 10, 2017 - October 13, 2017  
Group 26: September 5, 2017 - December 8, 2017  
Group 27: October 30, 2017 - February 3, 2018

#### APPLICATION DEADLINE

July 3, 2017  
August 28, 2017  
October 23, 2017

### 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

A  W  H  D

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:

Male

Female

Are you a citizen of the United States?

Yes  No

If no, please provide authorization number:

Is English your first language?

Yes  No

Have you been convicted of a criminal offense?  Yes  No **(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 imposed, and types of rehabilitation.

Do you have a valid driver's license?

Yes  No

State Issued:

Driver's License Number:

What is your means of transportation to the program?

How did you hear about us?

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 every applied for our program before?

If yes, when?

Have you ever worked for or volunteered with Second Harvest before?  Yes  No If yes, please describe your role:

Please indicate your preferred 2017 Enrollment session:

- Group 25: July 10, 2017 - October 13, 2017  
 Group 26: September 5, 2017 - December 8, 2017  
 Group 27: October 30, 2017 - February 3, 2018

Please identify any assistance you may need while enrolled:

- Housing  Food Stamps  
 Child Care  Transportation  
 Health Care  Other  
 Smoking Cessation

*continued >*

**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 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:	
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** *page 4 of 4*

The Second Harvest Culinary Training Program 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:**

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:

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**WHERE YOU ARE 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:

- Music   
  Crafts   
  Cooking/Baking   
  Reading   
  Photography   
  Writing   
  Movies   
  Sports  
 Outdoor Activities   
  Volunteering   
  Computers   
  Drawing/Painting   
  Other: \_\_\_\_\_

**WHERE YOU'D LIKE TO BE -- THE FUTURE:**

No matter how far out of reach they seem right now, describe your top three future goals, personal or professional, other than finding a job (i.e. to own a car, to become a professional chef, to lose 20 pounds, to own a house, to open a restaurant, to buy a jet ski, to become a teacher, to be a role model, to write a book, to cook for the President, etc.).

Why are you applying for the Second Harvest culinary training program?

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

SECOND HARVEST SIGNATURE

DATE

APPLICANT PRINTED NAME

SECOND HARVEST PRINTED NAME