

Pathlight Kitchen Culinary Program



**Application**

**GENERAL INFORMATION**

Full Legal Name:

\_\_\_\_\_  
Last Name First Name Middle Name

Other names(s) if any: \_\_\_\_\_ Last 4 digits SS #: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_ Marital Status: \_\_\_\_\_

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

Mailing Address (if different): \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Do you have a valid identification card or driver's license? Yes \_\_\_ No \_\_\_

Have you ever served in the armed forces? Yes \_\_\_ No \_\_\_

**REFERRAL**

Who referred you to Pathlight Kitchen? Yes \_\_\_ No \_\_\_

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

Relationship \_\_\_\_\_ (for example, case manager, sponsor, friend)

Agency \_\_\_\_\_

Have previously participated in the PATHLIGHT KITCHEN CLULINARY PROGRAM? Yes \_\_\_ No \_\_\_

If yes, when? \_\_\_\_\_

**EDUCATIONAL HISTORY**

Please list the schools attended:

| High School | Diploma/GED  | Dates |
|-------------|--------------|-------|
|             |              |       |
| Vocation    | Certificate  | Dates |
|             |              |       |
| College     | Degree/Major | Dates |
|             |              |       |

**LEGAL HISTORY**

Do you have any warrants, upcoming court dates or legal problems? Yes \_\_\_ No \_\_\_

Pathlight Kitchen Culinary Program

**Application**

If **yes**, please explain:

**Have you ever been convicted of a misdemeanor?** **Yes** \_\_\_\_ **No** \_\_\_\_

What was the charge/s?

Were you incarcerated? Yes \_\_\_\_ No \_\_\_\_ How much time did you serve? \_\_\_\_\_

**Have you ever been convicted of a felony?** **Yes** \_\_\_\_ **No** \_\_\_\_

What was the charge/s?

Were you incarcerated? Yes \_\_\_\_ No \_\_\_\_ How much time did you serve? \_\_\_\_\_

**Are you on probation, parole or work release?** **Yes** \_\_\_\_ **No** \_\_\_\_

If yes, which ? \_\_\_\_\_

- How long? \_\_\_\_\_
- Contact name: \_\_\_\_\_
- Telephone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**EMPLOYMENT HISTORY**

Please list your work experience in the following charts. Start with the last job you held. If you were self-employed, give firm name.

|  |                    |                  |                    |
|--|--------------------|------------------|--------------------|
| Name of Employer                                 | Supervisor's Name  | Employment Dates | Hourly/Salary Wage |
| City   | State              | Zip              | Phone              |
| Job Title  | Reason for Leaving |                  |                    |
| List the duties while employed with this company |                    |                  |                    |
|  |                    |                  |                    |
|  |                    |                  |                    |

Pathlight Kitchen Culinary Program

**Application**

|  |                    |                  |                    |
|--|--------------------|------------------|--------------------|
| Name of Employer                                 | Supervisor's Name  | Employment Dates | Hourly/Salary Wage |
| City   | State              | Zip              | Phone              |
| Job Title  | Reason for Leaving |                  |                    |
| List the duties while employed with this company |                    |                  |                    |
|  |                    |                  |                    |
|  |                    |                  |                    |
| Name of Employer                                 | Supervisor's Name  | Employment Dates | Hourly/Salary Wage |
| City   | State              | Zip              | Phone              |
| Job Title  | Reason for Leaving |                  |                    |
| List the duties while employed with this company |                    |                  |                    |
|  |                    |                  |                    |
|  |                    |                  |                    |

**STRENGTHS ASSESSMENT**

What do you see as your personal strengths? What skills will you bring to the training program?

---

---

What have been the main challenges and/or barriers in your life recently and how have you dealt with them?

---

---

**GOALS/EXPECTATIONS**

# Pathlight Kitchen Culinary Program

## Application

Why are you applying to this training program?

---

---

What are your career goals?

---

---

### **PROGRAM REQUIREMENTS**

Listed below are some of the Training Program requirements: Please initial after each one if you agree to them.

- I understand that daily attendance is required. \_\_\_\_\_
- I understand that I am required to remain drug and alcohol free. \_\_\_\_\_
- I understand that I must be on time and prepared to stay the entire school day. \_\_\_\_\_
- I understand that I must be willing to accept instruction from my instructors and supervisors and complete the work that is assigned to me with a positive attitude. \_\_\_\_\_
- I understand that I must have a willingness to confront my personal challenges and/or barriers. \_\_\_\_\_
- I understand that I will be provided with a locker and a combination lock for my use while I am enrolled in the training program. \_\_\_\_\_
- I understand that PATHLIGHT KITCHEN is not responsible for damage, loss or theft of my personal property. \_\_\_\_\_
- I understand that I am a student in a planned program of job training and work experience and that I am not entitled to a job at the completion of the training. \_\_\_\_\_
- I understand that I am a student during the time that I am in this program and that I am not entitled to wages or other compensation for the time spent in this program. \_\_\_\_\_

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Pathlight Kitchen Culinary Program permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release Pathlight Kitchen Culinary Program from any liability as a result of such contract.

**Applicant / Student Signature:**

---

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

Pathlight Kitchen Culinary Program

**Application**

**RELEASE OF INFORMATION**

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

Applicant/Student Name: \_\_\_\_\_

Last 4 digits ss#: \_\_\_\_\_

I (Applicant/Student), \_\_\_\_\_, do hereby authorize the Pathlight Kitchen Culinary Program Staff to release any and all information about my case, including but not limited to, records of my communications, my attendance and behavior in the Culinary Job Training Program, and information provided in Personal Life Contract Sessions with staff to: (agency, case mgr, parole or probation officer) \_\_\_\_\_.

This release of information shall expire on one year of the date of signature on this form, unless revoked by me in writing at an earlier date. In addition, I hereby release the Pathlight Kitchen Culinary Program and its officers, directors, employees, volunteers, from any claims arising out of the release of the information, photos, news releases, films or videos, described herein.

I (Applicant/Student name), \_\_\_\_\_, do hereby authorize (agency, case mgr, parole or probation officer) \_\_\_\_\_ to release any and all information about professional services I have received from (agency, case mgr, parole or probation officer) since (date of service/relationship) \_\_\_\_\_, including but not limited to, records of appointments, diagnostic information, course of treatment to Pathlight Kitchen Culinary Program for the purpose of \_\_\_\_\_.

This release of information shall expire in one year of date of signature on this form, unless revoked by me in writing at an earlier date. I understand that I have the right to inspect the records described herein. In addition, I hereby release (agency, case mgr, parole or probation officer), \_\_\_\_\_ its officers, directors, and employees from any claims arising out of the release of the information described herein.

In addition, I hereby release the Pathlight Kitchen Program and its officers, directors, employees, volunteers, from any claims arising out of the release of the information, photos, news releases, films or videos, described herein.

**Applicant / Student Signature:**

\_\_\_\_\_

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