



HK CULINARY TRAINING PROGRAM APPLICATION

Please complete this application accurately and neatly. The information provided here will be used by Humanity's Kitchen staff to better understand each potential trainee's situation and needs.

All information will be kept confidential.

You may email to: admissions@humanityskitchen.org or fax to (888) 822-0537

During the interview, we will discuss with you other documents which must be provided as part of the application process. (i.e. physical exam, and TB test.)

Applicant Name: _____ Today's Date: _____

Current Address: _____

City: _____ State: _____ Zip _____

Date of Birth: _____ Soc Sec # _____ Driver's Lic/State ID _____

Phone Number: _____ Additional Contact Number: _____

Email address: _____

Are you a citizen of the United States: (Y/N): _____

If no, are you authorized to work in the United States? (Y/N): _____

All instruction for this program is conducted in English. Are you able to read, write and communicate effectively in English? (Y/N): _____

REFERRAL INFORMATION:

How did you hear about the HK Training Program? _____

Have you been enrolled in this program before? (Y/N): _____ If so, when? _____

EDUCATION:

Last Grade Completed: _____ GED: _____

Other Special Training or Certifications: _____

WORK HISTORY:

(Please provide complete information on your last three jobs, starting with the most recent one.

Note: Food service experience is not a requirement for admission to the program)

Employer (Company Name): _____

Address: _____

Phone Number: _____

Supervisor: _____

Your Duties: _____

Dates of Employment: From: _____ To: _____

Reason for Leaving: _____

Employer (Company Name): _____

Address: _____

Phone Number: _____

Supervisor: _____

Your Duties: _____

Dates of Employment: From: _____ To: _____

Reason for Leaving: _____

Are you employed now (full or part time) and where? _____

Have you had any experience in food service not listed above, for example, as a volunteer? If so, please describe: _____

SOCIAL SERVICES INFORMATION:

Do you have a Case Worker/Case Manager/Counselor (Y/N): _____

What is their name and phone number? _____

What agency are they with? _____

Do you have a source of income? (Y/N): _____ If yes, what is your monthly income? _____

What is your actual source of income? Employment _____ Family Support _____

Unemployment _____ Social Security _____ Social Security Disability _____

Other, briefly explain _____

Are you receiving assistance from: Food Stamps (Y/N): _____

Cash Assistance (Y/N): _____ SSI (Y/N): _____ Unemployment Benefits: (Y/N): _____

How long have you been receiving these benefits? _____ Amount? _____

Are you the head of the household (Y/N): _____

Total number of people in household: _____

Ages of children in household: _____

How do you plan to maintain stable childcare during the program? _____

Are you currently living in a transitional home or shelter? (Y/N): _____

If yes, where? _____

Do you have a secure place to live for the next three months while in the program? (Y/N): _____

If no, what is your plan for having secure housing during the program? _____

What means of transportation will you use for the next three months to get to the program on time every day?

Bus: _____ Car: _____ Paratransit: _____ Other(explain): _____

Are you currently or ever been involved in any type of drug or alcohol rehabilitation program?

(Y/N): _____

If yes, what program are you working with? _____

Are you a Veteran? (Y/N): _____

Do you have any regular ongoing appointments? (Y/N): _____ If yes, please explain:

BACKGROUND INFORMATION:

Have you ever been convicted of a misdemeanor or felony? (Y/N): _____ Date(s): _____

If yes, please explain: _____

Do you have a Parole/Probation Officer? (Y/N): _____ Email address: _____

If yes, what is their name? _____

What is their phone number: _____

Do you have any court cases or legal issues pending? (Y/N): _____ If yes, please describe and provide date:

IN CASE OF EMERGENCY:

Who do we contact? _____

Phone number: _____ Relationship to you: _____

Do you have a doctor? (Y/N): _____ Name and phone number: _____

Are you currently taking any prescription medication? (Y/N): _____

If yes, please list medication name, and schedule taken: _____

Do you experience any side effects, such as drowsiness, impaired motor skills, or impaired judgment when taking these medications? (Y/N): _____

Do you have any medical condition(s) that will interfere with lifting 40 pounds or standing for 6 hours? (Y/N): _____ If yes, please describe: _____

Have you been diagnosed with Hepatitis A? (Y/N): _____

Are you HIV positive? (Y/N): _____

Briefly explain why you want to participate in this program:

What position in the food service industry do you hope to get after graduating and why:

REFERENCES:

Please list two references who are not relatives or previous supervisors. These should be individuals who have known you well for 1 year or more.

Name: _____ Relationship to you: _____

Daytime phone: _____

Name: _____ Relationship to you: _____

Daytime phone: _____

TRAINING REQUIREMENTS:

Listed below are some of the program requirements. Please initial after each one that you agree to each requirement.

- I understand that daily attendance is required. _____
 - I understand that I must be on time and prepared to stay the entire day. _____
 - I understand that I must be willing to accept instruction from my instructors and complete the tasks that are assigned to me with a positive attitude. _____
 - I understand that I must be clean and sober. _____
 - I understand that HK is not responsible for damage, loss, or theft of my personal property. _____
 - I understand that this campus is a nonsmoking campus. _____
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Student Signature

Signature:	Date
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Parent or Guardian Signature if under the age of 18

Signature:	Date
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DISCLAIMER AND SIGNATURE:

I hereby affirm that my answers to the foregoing questions are true and correct and that I have not withheld any fact or circumstances that would, if discovered, affect my application unfavorably. I understand that the misrepresentation or omission of a fact called for in this application or any other school records will be cause for immediate dismissal. In addition, I authorize Humanity's Kitchen to verify any and all information contained in this application. I hereby release HK from any liability whatever that may arise by such disclosure or investigation. I understand further that, should any falsification be discovered, it will constitute cause for non-acceptance or dismissal. I understand that I can make written inquiry, within reasonable time, for a complete and actual disclosure of the contents and scope of the information requested.

I agree in the event of my training, to complete and abide by all the company's rules and regulations. Any misrepresentation made in this application will be sufficient cause for cancellation of this application and/or separation of training.

This application for training shall be considered active for a period of time not to exceed 60 days. At the conclusion of this time, if I have not heard from HK and still wish to be considered for training, it will be necessary to fill out a new application.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any training relationship with HK is an "at will" nature, which means that the trainee may resign at any time and HK may discharge trainee at any time with or without cause. It is further understood that this "at will" training relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I hereby release Humanity's Kitchen from any liability resulting from accident or injury occurring as a result of my participation in the culinary training program up to and including my termination for the program for any reason. All applications remain the property of HK and will not be released for any reason.

I understand that if I am accepted into the program, I will not be paid wages for work, but will receive the benefit of culinary training, life skills classes, and job placement assistance.

I understand that HK has a drug and alcohol policy that provides for random and causal testing before and/or during the program. I consent to and am in compliance with such policy at the time of my enrollment. My continued enrollment is based on the successful passing of testing under such policy.

If this application leads to enrollment in the program, I understand that I may be asked to take and pass a physical exam, have a TB test done, and/or have a doctor's release to participate.

Signature _____ Date _____



Eligibility Requirements for Admission to Humanity's Kitchen

Applicants must:

1. Be 17 years of age or older.
2. Have reading and math skills at a 7th grade level. Exceptions can be made on a case by case basis.
3. Not be a danger to self or others.
4. Be available to be in class from 9:00am to 3:00pm Monday through Thursday.
5. Be available for any special events that Humanity's Kitchen hosts.
6. Be curious, ready to learn, and willing to do homework.
7. Be interested in and have a strong desire to work in the Hospitality Industry.
8. Be able to read, speak, and comprehend English in a fast- paced environment.
9. Have basic math skills and an adequate reading level for studying a textbook, completing exams, and writing job related documents. If assistance is needed, accommodations can be made.
10. Able to lift 10-20 pounds and stand up to 4-6 hours daily with or without a reasonable accommodation. Exceptions can be made on a case by case basis.
11. Be able to see well enough to read at 2.5 feet with or without reasonable accommodations. Exceptions can be made on a case by case basis.
12. Able to attend class every day on time.
13. No violent or sexual criminal history. (This means murder, or on sex offenders list)
14. You must pass a drug test and participate in random tests.

Please read the above criteria carefully. If you are able to meet these criteria, please sign and date below.

Signature:

Date:



Humanity's Kitchen ("HK") PARTICIPANT WAIVER FORM

ACKNOWLEDGEMENT

I expressly acknowledge that there are certain dangers, risks, illnesses and personal injuries inherent in participating in the Humanity's Kitchen programs, events, classes, and/or other activities, which may result from unavoidable accidents or injuries, classes, the use of any equipment, or other activities or from my or my minor child(ren)'s or ward(s)' physical condition. I understand that HK and its employees, agents, counselors, teachers, trainers, representatives, successors and assigns assume no responsibility for loss, damage, illness or injury to person or property that I or my minor child(ren) or ward(s), if applicable, may sustain as a result of my or their physical condition or resulting from my or their participation in any activities, programs, events, classes, the use or non-use of any equipment, field trips, or any other activities, classes, events, or programs at and/or sponsored by HK. I expressly acknowledge, on behalf of myself and my minor child(ren) and ward(s), heirs and executors, that I voluntarily assume the sole risk for any and all dangers, illnesses and personal injuries that may result from my or my minor child(ren)'s or ward(s)' participation in any events/activities/programs/classes while at HK and/or sponsored by HK.

I also acknowledge that HK often uses photographs, videotapes, television programs, motion pictures, tape recordings, or other similar media for promotional purposes. I hereby consent to the use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es) in such materials to be exhibited and used for advertising, trade purposes, solicitation of patronage, promotional purposes, or other similar purposes, even if my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es) are an integral part of such photograph, videotape, television program, motion picture, tape recording, or other similar media. I hereby release Humanity's Kitchen from any and all claims, actions, and liability relating to its use of said photographs and/or videos.

RELEASE

In consideration of HK allowing me and/or my minor child(ren) or ward(s) to attend and/or participate in any programs, events, classes, or other activities at HK and/or sponsored by HK, I hereby, for myself, my minor child(ren) or ward(s), heirs, and executors, waive, release and forever discharge HK and its employees, agents, counselors, teachers, trainers, representatives, successors and assigns, from and against any and all rights and claims for any loss, damage, illness or injuries to person or property sustained as a result of my attendance and/or participation in any such programs, events, classes, and other activities, whether or not such loss, damage or injury results from the negligence of HK and its employees, agents, or representatives or from some other cause. My agreement to release HK does not include any loss, damage or injury that results from the HK's gross negligence or willful, wanton, or reckless misconduct.

I further waive any and all rights to inspect or approve the photograph, videotape, television program, motion picture, tape recording or other use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es), including any written article, script, caption or other writing that may accompany such use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es). I hereby, for myself, my minor child(ren) or ward(s), heirs, and executors, waive, release and forever discharge HK and its employees, agents, counselors, teachers, trainers, representatives, successors and assigns, from and against any and all liability, claims, losses, costs, expenses or damages for libel, slander, invasion of privacy, conversion, defamation, appropriation of likeness or any other claim based on the use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es) in any such materials.

INDEMNIFICATION

I hereby represent and warrant to HK that I have the authority to execute this Participant Waiver Form on behalf of myself and/or on behalf of my minor child(ren) or ward(s) as parent, guardian and/or next friend, if applicable. In the event of any misrepresentation or breach of the foregoing warranty by me, or in the event that I, my minor child(ren) or ward(s), or any other person nevertheless asserts any claim against HK arising out of my or my minor child(ren)'s or ward(s)' participation in any program, event, class or other activity as set forth herein, I agree to indemnify, hold harmless and defend HK from and against any and all liability, claims, losses, costs, expenses or damages resulting therefrom, including, but not limited to, claims of loss, damage, illness or injury to person or property whether or not such loss, damage, illness or injury results from the negligence of HK or from some other cause.

ACCEPTANCE

I expressly acknowledge and agree to the terms and conditions set forth on this Participant Waiver Form.

Signature of Participant

Date

Signature of Parent/Guardian of
Participant(s) under age of 18

Date



UNIFORMS

NAME: _____

SHIRT SIZE (XS, S, M, L, XL, 2XL, 3XL, 4XL, 5XL): _____

PANTS SIZE (XS, S, M, L, XL, 2XL, 3XL, 4XL, 5XL): _____

GLOVE SIZE (S, M, L,): _____

SHOE SIZE (WHOLE SIZES ONLY): _____

(MENS OR WOMENS): _____