Mooresville SOUP Kitchen

Fundamentals of Food Service
Culinary Job Training Program
Application

275 South Broad Street, Mooresville, NC 28115
Phone: 704-660-9010 **Fax**: 704-230-4349
www.mooresvillesoupkitchen.com

Session Start Date: _____
Date of Application Completion: _____
Referral Source: _____
Date of Interview: _____ Interviewer: _____

Name: _____DOB: _____

Email: _____

Address: _____ Phone#: _____
CITY STATE ZIP

Emergency Contact: _____Phone#: _____

Education

	Name	Dates	Completed **Y** or **N?**	Degree
High School			HS grad? Yes / No **or**	GED? Yes / No
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 info about <u>current or most recent</u> employment below

Employer: _____ _____Phone: _____

Address: _____

Position: _____ Duties: _____

Supervisor's Name: _____

Dates of Employment: From: _____ To: _____ 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: _____

Medical / Legal **In keeping with our mission, we ask that you disclose the following information so that we can best support you toward success:**

Are you living in a transitional home, shelter, or any other social service program? _____
If yes, what program? _____

Are you involved in any type of drug or alcohol rehabilitation program? _____
If yes, what program? _____ Dates: _____

Have you ever been convicted of a misdemeanor or felony? Yes_____ No_____

If yes, please describe charge(s) and date(s): _____

_____

Do you have any court cases pending? _____

If yes, please describe: _____

Name and phone # of caseworker/parole officer: _____

Are you under a doctor's care?: Yes ____ No _____ If yes, Name:_____

Are you currently taking any prescription medicine or any other medication? _____
If yes, what? _____

Do you experience any side effects such as drowsiness, dizziness, impulsiveness, etc.? _____

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

_____

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

Substance Abuse History

Answering yes to any of the following questions does not automatically disqualify you from the program.

Do you currently use drugs other than those required for medical reasons? Yes ____ No _____

If yes which ones? _____

Have you in the past used drugs other than those required for medical reasons? Yes ____ No _____

If yes which ones? _____

Do you drink alcohol excessively? Yes ____ No _____

Has drinking alcohol interfered with a job you have had? Yes ____ No _____

Mental Health

Do you have a mental health diagnosis? : Yes ____ No ____

If so, please list: _____

Do you currently take medication?: Yes ____ No ____ Please list: _____

_____

Are you involved in therapy or counseling?: Yes _____ No _____ How often? _____

Armed Forces

Are you a veteran of the Armed Forces?: Yes _____ No _____ Branch: _____

Dates Enlisted: From _____ To _____ Rank: _____

Type of discharge: Honorable _____ Dishonorable _____ Medical _____

Other (please describe): _____

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 MSK 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. What shifts are you willing to work? _____
_____

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

6. Are you more comfortable working on one project at a time or many projects going on at once?
_____

7. 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? _____
_____

<u>For Office Use Only</u>

_____

_____

_____

_____

_____

_____