

1) GENERAL INFORMATION

TODAY'S DATE: _____

Full Legal Name:

Last Name	First Name	Middle Name
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Other names(s) if any: _____

Current Address: _____ Zip Code: _____

Mailing Address (if different): _____

Telephone: Home: _____ Cell: _____ Alternate: _____

Email address: _____

Are you a United States citizen? Yes ___ No ___

If no, are you legally entitled to work in the United States? Yes ___ No ___

Do you have a valid driver's license? Yes ___ No ___

If **no**, are you eligible to apply for one? Yes ___ No ___

Do you have any foodservice experience? Yes ___ No ___

Explain Briefly: _____

A. Referral

How did you hear about YWCA/ON BOCES Culinary Training Program?

Are you currently attending HSE/TASC preparation classes? Yes: _____ No: _____

Have you received any services from the YWCA before? Yes ___ No ___ If **yes**, when?

B. Housing

Are you homeless? Yes _____ No _____

C. Public/Social Services:

Are you on public assistance? Yes _____ No _____

2) PERSONAL HISTORY

A. Educational History

Please list the schools attended:

Did you attend High School? Which one?	Did you receive a Diploma or GED?
Any vocational training?	Type of Certificate:
Did you attend College? Which one?	Major or Degree received:

B. Legal History

Do you have any charges currently pending against you?

If **yes**, please explain:

Have you ever been convicted of a felony? Yes ____ No ____ If yes, fill out the chart:

<u>Felony Charge:</u>	<u>Explain what happened/ why:</u>	<u>Were you incarcerated? How Long?</u>
1.		
2.		
3.		
4.		

PLEASE NOTE: A conviction record, in and of itself, is not an automatic bar to acceptance.

C. 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.

<u>Name of Employer:</u>	<u>Supervisor's Name:</u>	<u>Employment dates:</u>	<u>Pay or salary:</u>
City, State, Zip:		From:	Start:
Phone No:		To:	Final:
Your last job title:			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used and learned, advancements or promotions while you worked at this company			

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Phone No:		To:	Final:
Your last job title:			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used and learned, advancements or promotions while you worked at this company			

Give **details** of any food service experience you have had, including any experience while incarcerated, commercial food service experience, fast food, odd jobs, etc:

What was your favorite part of your last job and WHY?

Give an example of a stressful situation you have been in. How did you handle it?

What is your strategy to calm down if you get into an argument with a coworker/friend, etc.? What if you can't just "walk away"?

What is your support network? How do they help you in your day to day life?

D. STRENGTHS ASSESSMENT

What do you see as your 2 best personal strengths? What skills will you bring to the training program?

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

E. GOALS/EXPECTATIONS

Why are you applying to this training program?

What are your career goals?

What do you hope to get out of this program, and why is it important to you to get in?

F. Program Requirements

Listed below are some of the Training Program requirements.

Please initial after each one if you agree to them.

- I understand that attendance is required, and that poor attendance or regular tardiness may result in removal from the class. _____

- 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 and criticism from my instructors and supervisors, and complete the work that is assigned to me with a positive attitude. _____

- I understand that I may be required to be on my feet for up to 5 hours at a time. _____

- I understand that physical activities include bending, stooping, lifting (possibly to an amount of 35 pounds), climbing, carrying, walking and/or reaching on a frequent basis. _____

- I understand that the YWCA of Niagara is not responsible for damage, loss or theft of my personal property. _____

Do you know of any reason why you would be unable to perform the physical tasks required? Yes _____ No _____

**Completed applications can be returned via U.S. postal service,
faxed, in-person or emailed to:**

YWCA Niagara Frontier
32 Cottage Street
Lockport NY 14094
Phone: (716) 433-6714
FAX: (716) 433-1929
EMAIL: dalteriobrennen@ywcanf.org