ST. JOSEPH CENTER CULINARY TRAINING PROGRAM
INFORMATION FORM

This space for office use only – ***do not fill out***	
Interview Date:_____ Accepted: Yes ☐ No ☐ Referred by: _____	Interviewer _____ Graduation Date _____ Program: CTP 2ND yes_____ no_____

THE FOLLOWING INFORMATION IS CONFIDENTIAL **(PLEASE PRINT CLEARLY)**

Note: Withholding or falsifying information can result in termination from the Culinary Training Program at any time during the 10-week program.

Name: _____ Date:_____

DOB:_____

Address:_____ Age_____

City: _____ Zip:_____ Age(s) of Children # of Children:_____

Telephone:_____ Single _____
Married _____
Divorced _____
Separated _____

Email Address: _____

California ID #: _____ Exp: _____/_____

Are you part of any other program at St. Joseph Center? Yes ☐ No ☐

*If yes, program name:*_____ *Case Manager:*_____

Have you ever applied to the Culinary Training Program? Yes ☐ No ☐

*If yes, were you accepted? Yes ☐ No ☐ If yes, when?*_____

Have you taken classes with the Culinary Training Program? Yes ☐ No ☐ When? _____

EDUCATION	Name	When Attended	Graduate?			Area of Study
High School			Yes ☐	No ☐	GED ☐	
College			Yes ☐	No ☐		
Vocational			Yes ☐	No ☐		
Special Skills:						
Hobbies:						

WORK HISTORY Start with last job worked	Type of Work	Date Work Started	Date Work Ended	Reason for Leaving

If you are accepted into the Program would you prefer to take the Serve Safe Test in English ☐ or Spanish ☐?

LEGAL HISTORY INTAKE FORM

ST. JOSEPH CENTER CULINARY TRAINING PROGRAM WORKS IN CONJUNCTION WITH AN EDUCATIONAL FACILITY AND GOVERNMENT ORGANIZATION THAT REQUIRE BACKGROUND CHECKS BEFORE ACCEPTANCE INTO THE FOUR WEEK INTERNSHIP.

- **ALL PRIOR FELONY CONVICTIONS AND MISDEMEANORS ARE NOT EXEMPT FROM YOUR BACKGROUND CHECK. MEANING ANY EXPUNGED, SEALED OR CLOSED CONVICTIONS OR MISDEMEANORS WILL BE LISTED ON THE BACKGROUNDCHECK DONE BY UCLA DINING SERVICES.**
- **IT DOES NOT MATTER WHEN THE CONVICTION OCCURRED: ABSOLUTELY EVERY MISDEMEANOR AND FELONY CONVICTION WILL BE IDENTIFIED ON THE BACKGROUND CHECK.**
- **NEW DIRECTIONS INC. REQUIRES A BACKGROUND CHECK. YOU MUST LIST ALL MISDEMEANORS AND PRIOR FELONIES FROM THE PAST 10 YEARS REGARDLESS IF THEY HAVE BEEN SEALED, EXPUNGED, OR CLOSED. WITHHOLDING INFORMATION WILL KEEP YOU FROM BEING ACCEPTED.**

TO ENSURE PROPER PLACEMENT WITH OUR PROGRAM BASED ON MISDEMEANORS OR FELONIES IT IS OF THE UTMOST IMPORTANCE THATYOU DO NOT WITHOLD INFORMATION.

List ALL misdemeanors:	**Explain outcome:**	**Month/Year**
_____	_____	_____
_____	_____	_____
_____	_____	_____

List ALL felony convictions (AND INCLUDE ALL THAT HAVE BEEN SEALED, EXPUNGED AND CLOSED)

Felony:	**Explain outcome:**	**Month/Year**
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you currently part of Proposition36? _____ If yes, when will it end?_____

Do you have any court cases needing to go before a judge?_____

Are you on Parole(Circle one) YES NO Parole Officer's Name _____
Telephone Number_____

Are you on Probation(Circle one) YES NO Probation Officer's Name _____
Telephone Number_____

Do you have any outstanding warrants? (Circle one) YES NO

Do you have any outstanding Traffic Tickets? (Circle one) YES NO
LIST ANY ADDITIONAL INFORMATION PERTAINING TO YOUR LEGAL HISTORY THAT MAY BE IDENTIFIED IN THE BACKGROUND CHECK._____

Why are you unemployed now? _____

How long have you been unemployed? Months_____ Years _____

Have you ever been fired? Yes ☐ No ☐ Explain:_____

Have you attended or been referred to anger management classes in the past? Yes ☐ No ☐
Explain: _____

INCOME - *What is the source of your income?*

Unemployment Benefits Yes ☐ No ☐ Due to end (date): _____

Program – circle one GAIN GR GROW SSI Dept of Aging (Title V) AFDC

Other – please specify _____ Case manager_____

Address _____ City _____ Zip ____

Phone _____ FAX _____

When did income from this program begin? _____

Will you continue to receive benefits during the 10 week of the program? Yes ☐ No ☐

If not receiving income from one of the above programs, what will be source of income during class?

Employed? Yes ☐ No ☐ Supported by someone else? Yes ☐ No ☐

Your annual income_____ **Your Spouse's Income**_____

If you live (and are supported by your parents) what is their combined income? _____

HOW DO YOU FEEL ABOUT MINIMUM WAGE?

_____

_____

MEDICAL HISTORY

Do you plan to have any surgery within the next year? Yes ☐ No ☐ When? _____

Do you plan to have any dental work within the next year? Yes ☐ No ☐ When? _____

Previous Hospitalizations _____ Date _____

_____ Date _____

_____ Date _____

Physical Therapy Date _____ Condition _____

Date _____ Condition _____

Currently working with physical therapist? Yes ☐ No ☐

Back Injuries Yes ☐ No ☐ Explain_____

Workers Comp Yes ☐ No ☐ Explain _____

Physical Limitations Yes ☐ No ☐ Explain _____

Work Restrictions Yes ☐ No ☐ Explain _____

Current Meds Yes ☐ No ☐ Explain _____

HISTORY OF PAST ILLNESS/INJURY – CIRCLE EACH ILLNESS/INJURY YOU HAVE HAD

Mumps	Lacerations	Diabetes	Feet (fallen arches)
Chicken Pox	(extensive)	Thyroid Disease	Seizures
Broken Bones	Heart Disease	Other Serious Injury	Nervous Breakdown
Shingles	Heart Attack	Anemia	Bronchitis
Mononucleosis	Concussions	Cancer	Asthma
Sprains/dislocations	High Blood Pressure	Auto Accident	Hives/Hay fever
Meningitis	Stroke	Arthritis	Hepatitis A
Scarlet Fever	Knocked out	Migraine Headaches	Hepatitis B

Comments for circled illnesses/injuries: _____

_____

Do you feel that you are physically able to work in a kitchen? (CIRLCE ONE) YES NO

List any physical activities that you do_____

_____

MENTAL HEALTH HISTORY

Have mental health issues (depression, schizophrenia, etc.) prevented you from working in the past? Yes ☐ No ☐

Have you ever been diagnosed with a mental illness? Yes ☐ No ☐

If yes, are you currently under case management? Yes ☐ No ☐

How long have you been under case management? _____

Where do you receive case management? _____

Mental Health case manager: _____Tel. (_____) _____ - _____

Psychological Medication/s: _____ Prescribed for: _____

_____ Prescribed for: _____

_____ Prescribed for: _____

Note: You must agree to stay under the care of your mental health case manager and agree to take all prescribed medication/s to be a to continue in the Culinary Training Program.

ALCOHOL AND DRUG USE

Do you drink alcohol? Yes ☐ No ☐ If yes, how much/how often? _____

If no, are you in recovery? Yes ☐ No ☐ Time sober _____ Years _____ Months _____ Days _____

Have you ever used drugs? Yes ☐ No ☐ If yes, how much/how often? _____

If yes, are you in recovery? Yes ☐ No ☐ Time clean _____Years _____ Months _____ Days _____

List drugs you have used _____

Have you ever attended 12-step meetings? Yes ☐ No ☐ *Currently attending meetings?* Yes ☐ No ☐

Has drug or alcohol use kept you from working or caused you to be fired from a job? Yes ☐ No ☐

Have you ever been unemployed for more than six months at a time? Yes ☐ No ☐

*If yes, explain:*_____

HOUSING

Are you currently homeless (living in transitional housing?) Yes ☐ No ☐

If no, how long at your current residence? _____

Do you pay or contribute to the rent at the residence? Yes ☐ No ☐

Do you live with family? Yes ☐ No ☐

Do you live with friends? Yes ☐ No ☐

*If **yes**, please explain what circumstances caused you to move into transitional housing:*

_____

_____

How many years have you been homeless (i.e., staying with a friend, living on the street, etc.) prior to moving into transitional housing?

_____

Name of transitional institution where you currently reside:_____

How long have you been there? _____ How long can you stay there? _____

Do you plan to stay there during the 10-week program? Yes ☐ No ☐

Previous transitional housing	Location	Dates of residence
_____	_____	_____ to _____
_____	_____	_____ to _____
_____	_____	_____ to _____

TRANSPORTATION

How do you plan to get to school? (circle one) Do you have a bus pass or income to provide it?

Bus Car Yes ☐ No ☐ Bus Route _____

Have you ever used services from the Department of Rehabilitation? Yes ☐ No ☐

Currently receiving services from the Department of Rehabilitation? Yes ☐ No ☐

TRAINING PROGRAMS – List any free or low-cost training programs you have participated in

Name of program	Dates	Length of program	Completed?

Can you provide proof of completion? Yes ☐ No ☐

MILITARY SERVICE

Branch: _____ Years of Service: _____ Discharge: _____

List ALL appointments such as court dates, medical, childcare, public social service, GROW, GAIN, parole, probation you have scheduled during the 10 weeks of the program between 8am to 5pm

_____

_____

SUPPORT SYSTEMS

Family Member you are in contact with: _____ Tel. (_____) _____-_____

Friends in the area: _____ Tel. (_____) _____-_____

_____ Tel. (_____) _____-_____

_____ Tel. (_____) _____-_____

Church Yes ☐ No ☐ Civic/Social Group _____

Describe in detail an example (within the past 6 months) when you participated as a team member. This does not need to be a work experience. A volunteer experience will also be accepted.

Describe in detail why you should be accepted into the Culinary Training Program

I have answered the above questions and I understand that withholding or falsifying information can result in termination at any time from the Culinary Training Program during the 10-weeks.

Name (print)	Signature	Date
_____	_____	_____