

**Classes held at The B.E.A.T. Center**

**Toms River:** Sept 18, 2017

Application Deadline: 8/07/2017

**Toms River:** January 8, 2018

Application Deadline: 12/07/2017



**Culinary Arts Training Program at:**

**Fulfill**

3300 Route 66

Neptune, NJ 07753

(732) 918-2600

**The B.E.A.T. Center**

1769 Hooper Avenue

Toms River, NJ 08753

(732) 731-1400

**2017-2018 Student Application**

Please be sure to answer **ALL** questions. All applications will be confidential.

**Incomplete applications cannot be considered.**

Mail completed application to:

**Culinary Arts Training Program**

**The B.E.A.T. Center**

**1769 Hooper Avenue**

**Toms River, NJ 08753**

**DATE**

**NAME:**

Last First Middle Initial

**Address:**

Street Number City State/Zip

**Phone:** Home: Cell:

**Email:**

**Education History**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| EDUCATION | Print Name of School  Include City/State | Dates  Attended | Did you Complete? Yes/No | Diploma/Certificate/  Degree/Highest  Grade Completed |
| High School\* |  |  |  |  |
| College/University |  |  |  |  |
| Vocational/Technical |  |  |  |  |
| Other Training |  |  |  |  |

\*Please note, completion of high school or GED program is not required for admission into this program. We will still consider applicants if they do not have a high school diploma or GED.

Have you ever completed a training program? Yes No

What Type: When:

Referral Source (Circle One):

Friend Counselor/Social Worker Relative Walk-In Other

Name of Referring Agency/Person:

In a few short words please tell us why you are interested in joining the Culinary Arts Training Program:

**Other Information**

This section is used to help gain a better understanding of each applicant and in helping you secure employment upon graduation. **Please note, no answer will be used for or against you in the application process.** Please answer these questions to the best of your ability.

Are you over the age of 18?

Are you a US Citizen or Permanent Resident?

How do you plan on arriving to class daily?

Have you ever been convicted of a crime?

If currently unemployed, when was the last time you were employed?

**Income Information**

**Fulfill** Culinary Arts Training Program is a grant-funded program, so that our training program is of no cost to any applicant. For this reason, the Culinary Arts Training Program will only accept applicants living under 200% of the Federal Poverty Line. This comes out to approximately $23,000 annually for a single independent adult, and approximately $48,000annually for a family of four. Please answer the following questions to the best of your ability. **All answers will remain confidential.**

What is your **monthly** household income?

How many individuals do you reside with?

How many individuals under the age of 18 are residing with you?

Are you the main financial supporter of the household? (Circle One) Yes No

Are you currently employed? Yes No Full Time Part Time

Are you currently receiving any of the following benefits? (Please Circle as many as necessary)

**SNAP** (Supplemental Nutrition Assistance Program, formerly known as Food Stamps)

**TANF** (Temporary Assistance for Needy Families, formerly known as Welfare)

**GA** (General Assistance)

**Section 8 Housing**

**Rental Assistance**

**Unemployment Insurance**

**Social Security Disability Insurance** (SSDI)

**Social Security Insurance** (SSI)

**LIHEAP** (Low Income Home Energy Assistance Program)

**Fulfill** offers additional assistance with multiple benefits such as Food Stamps, Medicaid, and tax refunds. Would you like to be contacted about these services? Yes No

**EMPLOYMENT HISTORY**

Please list your current and past employers and three references. **Begin with your current or most recent job, then the next previous job, etc.** These positions do not have to be in the food service industry.

1. Employer:

Telephone:

Name of Supervisor:

Address:

Job Title: Starting Salary: Ending Salary:

Starting Date: Ending Date:

Reason for Leaving:

Duties:

2. Employer:

Telephone:

Name of Supervisor:

Address:

Job Title: Starting Salary: Ending Salary:

Starting Date: Ending Date:

Reason for Leaving:

Duties

3. Employer:

Telephone:

Name of Supervisor:

Address:

Job Title: Starting Salary: Ending Salary:

Starting Date: Ending Date:

Reason for Leaving:

Duties:

4. Employer:

Telephone:

Name of Supervisor:

Address:

Job Title: Starting Salary: Ending Salary:

Starting Date: Ending Date:

Reason for Leaving:

Duties:

**PROFESSIONAL / WORK REFERENCES**

Give name and telephone number of three **PROFESSIONAL/WORK** references. Social workers, case workers, therapists, rehabilitation counselors, vocational trainers, parole/probation officers are all acceptable references as well.

**Please DO NOT use family/friend references.** If you have no professional references please briefly explain why. Not having references will not prohibit you from acceptance into this program.

Name

Relationship

Daytime Phone

Name

Relationship

Daytime Phone

Name

Relationship

Daytime Phone