|  |
| --- |
| **Internal Use Only:** Date Received: \_\_\_\_\_/\_\_\_\_/\_\_\_\_\_ TB Test? ☐ Yes ☐ No Police Clearance? ☐ Yes ☐ No  |

#  A screenshot of a cell phone  Description automatically generated



#  UNDERGROUND KITCHEN INTERNSHIP APPLICATION

Last Name

 First Name

Middle Name

Phone:

Gender:

Race:

**GENERAL INFORMATION** Date:

Date of Birth: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ Social Security Number: \_\_\_\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_\_\_\_

E-mail:

Address:

How did you hear about the program:

Why are you interested in the Culinary Intern Program?

|  |  |  |
| --- | --- | --- |
| **EMPLOYMENT**  |  |  |
| Are you legally entitled to work in the US? ☐ Yes ☐ No  |   |
| Do you have food service experience? ☐ Yes ☐ No Do you have a bank account? ☐ Yes ☐ No **EDUCATION** Highest education level completed:  |   |
| ☐ Elementary/Middle School ☐ Some High School  ☐ GED ☐ Some College ☐ Bachelor’s Degree ☐ Master’s Degree/Ph.D. **HOUSING**  |  | ☐ High School Diploma ☐ Associates Degree  ☐Street ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Do you have a stable place to live for the next 6 months? ☐ Yes ☐ No Current living situation: ☐ Living with family/friends ☐ Program/shelter ☐Transitional housing ☐ Permanent Subsidized Housing   |

Are you responsible for the care of any children or family member(s)? ☐ Yes ☐ No

If **yes**, please describe

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#  UNDERGROUND KITCHEN INTERNSHIP APPLICATION

## LEGAL

Do you have any pending court cases? ☐ Yes ☐ No

If **yes,** next court date: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

Do you have any current warrants? ☐ Yes ☐ No

Have you ever been found guilty of a crime or misdemeanor? ☐ Yes ☐ No

If **yes,** please describe:

Are you currently on? ☐ Parole ☐ Probation ☐ Work release ☐ Home confinement ☐ None

## SUBSTANCE USE

Have you ever used alcohol or drugs? ☐ Yes ☐ No If **yes**, please check all applicable substances:

|  |  |
| --- | --- |
|  ☐ Alcohol ☐ Marijuana  | Length of use: \_\_\_\_\_\_\_ Length of use: \_\_\_\_\_\_\_  |

If alcohol, last date of use: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ If drugs, last date of use: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

 How often did you use alcohol and/or drugs? How much?

 Have you ever enrolled in a Substance Abuse Treatment program? ☐ Yes ☐ No

 If you have a history of alcohol or drug abuse what is your clean date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

## HEALTH

Please list all diagnosed medical conditions (e.g. high blood pressure, asthma, arthritis, diabetes, etc.):

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

Is there anything else we should know about you?

The Information provided is true and accurate (Please sign and date):

 Signature Date

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