

Recipe for Success Culinary Training Program Application

PLEASE PRINT

(All information is confidential)



Today's Date: _____

Last Name:	First Name:
Middle Name or Initial:	Nickname (how you prefer to be addressed):
Street Address:	
City/State: Zip:	How long have you lived at this address?
Phone (Home):	Date of Birth: Gender:
Phone (Cell):	Race/Ethnicity (optional):
Email:	Primary Language:

Education

High School:

Name of School: _____ Location: _____

Highest Grade Completed: _____ ☐ Diploma ☐ G.E.D. Year Received: _____

College/Trade School

Name of School: _____ Location: _____

of years completed: _____ Field of Study: _____

☐ Certificate ☐ Associate's Degree ☐ Bachelor's Degree Year Received: _____

Other: _____

Are you are US Veteran? ☐ Yes ☐ No

How did you hear about the *Recipe for Success* program?

Please describe your interest in the culinary arts and your reasons for applying to the *Recipe for Success* program.

The New Hampshire Food Bank Recipe for Success program wants to ensure that you experience success in the culinary training program. We ask the following questions because our experience indicates that trainees who have sufficient basic living resources are able to complete the program with more successful outcomes.

What means of transportation would you use to attend this program?

What is your current housing situation?

Are there any children in your household that you support (or help support)? ☐ No ☐ Yes

If Yes, please list the number and ages of children:

Where would each of these children be during the hours you are in the program?

Facility/School/Sitter	Contact Person	Phone # (s)

If your primary childcare becomes unavailable (for example, if a child must remain home due to illness, a sitter is unavailable, or a facility/school closes due to weather), what backup plan do you have for their supervision?

Please describe the current financial situation and income(s) of you and your household.

Do you receive assistance from any of the following sources?

- | | | | |
|--------------------------------------|---|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> SSDI | <input type="checkbox"/> TANF | <input type="checkbox"/> WIC |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Housing Assistance | <input type="checkbox"/> Unemployment | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> SSI | <input type="checkbox"/> Fuel Assistance | <input type="checkbox"/> Welfare | <input type="checkbox"/> Other: _____ |

Please list the human service agencies where you receive assistance:

Agency	Location	Contact Person	Phone #

Have you had any prior food-service experience or education?

Are you currently employed? ☐ No ☐ Yes

Do you plan to continue employment during the training program? ☐ No ☐ Yes

Starting with your most recent job, please list your work experience:

Company Name:	Location:
Supervisor's Name:	Phone #:
Job Title/Description:	Start Date: End Date:
Duties:	
Reason for leaving:	

Company Name:	Location:
Supervisor's Name:	Phone #:
Job Title/Description:	Start Date: End Date:
Duties:	
Reason for leaving:	

Company Name:	Location:
Supervisor's Name:	Phone #:
Job Title/Description:	Start Date: End Date:
Duties:	
Reason for leaving:	

Do you have Medical Coverage? ☐ No ☐ Yes Insurance Company: _____

Do you have any food-related allergies? ☐ No ☐ Yes

If Yes, please describe the foods you are allergic to, the reactions you have, and what causes you to react from them.

Please list any other allergies you might have.

Please list two people to contact in case of an emergency:

Name	Relationship to you	Phone # (s)

The following optional questions help us to assess any special circumstances that may make it more challenging for an applicant to secure employment or complete the training program. Our goal is to help participants overcome such challenges wherever possible; complete and honest answers will help us develop strategies to assist you with your particular needs.

Have you ever been fired from a job for any reason? ☐ No ☐ Yes

If Yes, please explain the circumstances.

Do you have any gaps in your employment history? ☐ No ☐ Yes

If Yes, please explain the length and reason for the periods of unemployment.

Do you have a criminal record? ☐ No ☐ Yes

If Yes, please explain the conviction, how long ago it was, and whether or not you are currently on probation.

Do you have any history of substance abuse? ☐ No ☐ Yes

If Yes, please explain any treatment you have received, whether you are clean and sober, and for how long.

Do you have any medical conditions, handicaps, or impairments that make certain work or physical activities difficult for you? ☐ No ☐ Yes If Yes, please explain:

Do you have any learning disabilities, mental health issues, personal situations, or other circumstances that make finding or keeping a job difficult? ☐ No ☐ Yes If Yes, please explain:

Thank you for your interest in the Recipe for Success Culinary Training Program. If there is any additional information you would like to include (or could not fit in the spaces provided) please tell us here:

Please mail this application to: New Hampshire Food Bank
Attn: Robert Covey
Culinary Job Training Program
700 East Industrial Park Drive
Manchester, NH 03109

Or email to: Robert Covey
robert.covey@nhfoodbank.org