



CC Pearce Community Culinary School

Application for Admission

Please print. Provide all information requested completely and accurately. This information will remain **confidential**. The Application for Admission will be used to better understand each student's needs. It is *not* a job application.

Name _____ Date _____

Address (street) _____

City _____ Zip _____ Email Address: _____

Primary Phone No. _____ Secondary Phone No. _____

-How do you prefer to be contacted?

Primary Phone _____ Secondary Phone _____ Email _____ Mail _____

Social Security Number _____ Date of Birth _____

Driver's License No. _____ State _____ Expiration Date _____

-How did you learn about the Project Host Culinary School? _____

-How will you get to class each day?

My own vehicle _____ Someone will drive me _____ Bus _____ Walking _____

-Have you previously applied to attend the Culinary School?

Yes _____ No _____ If so, when? _____

-Marital Status: Married _____ Divorced _____ Single _____ Widowed _____

-Number of people living in your household: _____

-Number of children for whom you are financially responsible: _____

-Ethnicity: African-American/Black _____ Asian _____ Caucasian _____ Hispanic _____ other _____

-Are you currently under doctor's care: Yes _____ No _____

-Are you currently taking any prescription medicines? If yes, please list: _____

-Do any of your medications cause you to become drowsy? Yes _____ No _____

-Do you have any physical conditions that will limit your ability to stand or lift in a kitchen environment? This includes standing for up to 4 hours at a time and lifting boxes up to 50 pounds.

Yes _____ No _____ If yes, please explain _____

-What do you hope to achieve after completing the program?

to get a job _____ to get more hours _____ to get increased pay _____

to become a better cook _____ other _____ please explain _____

-Are you able to attend classes for 11 weeks from 9:00 a.m. to 3:00 p.m.

Yes ____ No ____ Not sure ____

-What is your current employment status?

Working part-time ____ Working full-time ____ Unemployed ____

-Are you receiving benefits from:

Disability ____ Social Security ____ SNAP ____ TANF ____ WIC ____ Other ____

-Select one of the following income levels for your household:

\$45K – Above ____ \$22K – 33K ____ Unknown ____
\$34K – 44K ____ Below \$21K ____

-What is your current living condition?

Living in my own home or apartment ____ Living with a friend or a family member ____
Living in transitional housing or a shelter ____ Other ____ Explain _____

-Are you involved in any type of drug or alcohol rehabilitation program? Yes ____ No ____

If yes, what program? _____ for how long? _____

-Do you give permission for random drug testing? Yes ____ No ____

If yes, sign your name here: _____

-Have you been convicted of a felony within the last five years? Yes ____ No ____

If yes, describe charge and give date of conviction. _____

-Do you have any court cases pending? Yes ____ No ____

If yes, describe charges. _____

-Do you give our agency permission to do a background check? Yes ____ No ____

If yes, sign your name here: _____

Education: Name Place Dates Diploma/GED/Certificate

High School _____

Trade School _____

College _____

Other Training _____

Emergency Contact (name & relation): _____ Tel. No. _____

I understand this application is part of the admission process for the school and does not guarantee my acceptance in the program. I have answered all questions truthfully. I understand that false information or omission of information may result in dismissal from the program, regardless of when it is discovered.

Signed: _____ Date: _____